

DOCUMENT # P99000021635

1. Entity Name

K-COLORS VERTICALS, INC.

Principal Place of Business

26853 SOUTH DIXIE HWY.
NARANJA FL 33032

Mailing Address

26853 SOUTH DIXIE HWY.
NARANJA FL 33032-7524

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0900379

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FREIRE, RICARDO JR.
27001 S.W. 145TH AVE.
MIAMI FL 33032

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6090 NW 186 ST # 205

City Mialeah

FL

Zip Code 33015

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME
P-V-S-T-D
Ricardo Freire Jr.
STREET ADDRESS
6090 NW 186 ST # 205
CITY-STATE-ZIP
Mialeah, FL 33015 ☐ DeleteTITLE NAME
☐ DeleteTITLE NAME
☐ DeleteTITLE NAME
☐ DeleteTITLE NAME
☐ DeleteTITLE NAME
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
☐ Change ☐ AdditionTITLE NAME
☐ Change ☐ AdditionTITLE NAME
☐ Change ☐ AdditionTITLE NAME
☐ Change ☐ AdditionTITLE NAME
☐ Change ☐ AdditionTITLE NAME
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ricardo Freire Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-13-00 (305) 257 3239

FILED

00 FEB 25 PM 3: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)