FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 NOV 17 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000102695

Entity Name

TEXCOL, INC.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1339 WEST 49 PLACE	1339 W 49 Pl
Suite, Apt. #, etc. #516	Suite, Apt. #, etc. #516
City & State Hialeah, FL	City & State Hialeah, FL
Zip 33012 Country	Zip 33012 Country

4. FEI Number 65-0964818 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Jaime A. Henao

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

1339 WEST 49 PLACE #516

City: Hialeah FL Zip Code: 33012

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X _____ (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Henao, Jaime A.
STREET ADDRESS	~~9332 SW 164th Court~~
CITY-ST-ZIP	~~Miami, FL 33196~~
TITLE	V/D
NAME	Andrade, Mario
STREET ADDRESS	2458 W. 60th Street
CITY-ST-ZIP	Hialeah, FL. 33016
TITLE	SID
NAME	FRANCO, Carlos
STREET ADDRESS	2458 W 60th Street
CITY-ST-ZIP	Hialeah, FL. 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	1339 WEST 49 PLACE #516
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	600024755766
CITY-ST-ZIP	11/26/03--01040--012 **300.00
TITLE	
NAME	
STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	**IN THIS SPACE**
TITLE	
NAME	
STREET ADDRESS	600024755766
CITY-ST-ZIP	11/17/03--01016--024 **600.00
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

To Whom It May Concern:

As per your instructions I am sending this UBR form along with a check payable to the FL Dep of State to properly update the above mentioned corporation.

I also state that I never received any notice from your office regarding the UBR notice. Please take this letter as an excuse to waive any late fees and to properly update my corporation.

Cordially,

Jaime A. Henao
President