

Fill in this information to identify the case:

Debtor 1 TRICOLOR HOLDING LLC
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the: NORTHERN DISTRICT District of TX
Case number 3:25-BK-33487 (State)

FILED

SEP 18 2025

CLERK, U.S. BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS

Official Form 410

Proof of Claim

12/15

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>DOUGLAS ALBERTO, CUBA RATON</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name <u>DOUGLAS ALBERTO, CUBA RATON</u> 3637 TIMBERLAKE RD, APT 9115 Number Street <u>DALLAS TX 75287</u> City State ZIP Code Contact phone <u>2142299807</u> Contact email <u>Douglasce34@gmail.com</u>	Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on <u>09/18/2025</u> MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



2533487251007000000000038

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☒ No
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ 5,682.90 Does this amount include interest or other charges?
☒ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
 Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
 Limit disclosing information that is entitled to privacy, such as health care information.
COMMISSIONS AND SALARY

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.

Nature of property:
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
☐ Motor vehicle
☐ Other. Describe: _____

Basis for perfection: _____
 Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ %
☐ Fixed
☐ Variable

10. Is this claim based on a lease? ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☐ No

☒ Yes. Check all that apply:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

☐ Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☒ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ 5,682.90

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date

09/18/2025
MM / DD / YYYY

Signature

Print the name of the person who is completing and signing this claim:

Name

First name

Middle name

Last name

Title

Company

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

Number

Street

City

State

ZIP Code

Contact phone

Email

3637 TIMBERLAWN RD, APT 9115
DALLAS
TX
75287
214 229 9807

DouglasC234@gmail.com

7F2 111593 Y07010 XN50K 0000370023 1

Earnings Statement

FLEXI COMPRAS AUTOS, LLC
1111 WEST MOCKING BIRD LN, STE #1500
DALLAS TX 75247

Period Beginning: 08/16/2025
Period Ending: 08/31/2025
Pay Date: 09/09/2025

Filing Status: Single/Married filing separately
Exemptions/Allowances:
Federal: Standard Withholding Table

DOUGLAS A CUBA RAMOS
3637 TIMBERGLEN ROAD
APT 9115
DALLAS TX 75287

Earnings	rate	salary/hours	this period	year to date
Reg			624.66	624.66
Regular				30,328.67
Bonus				10.00
Mgr Commision				22,273.26
Spiffs				1,700.00
Gross Pay			\$624.66	54,936.59

Your federal taxable wages this period are \$563.32

Other Benefits and Information	this period	total to date
Safe H	24.99	2,197.46

Deductions	Statutory		
	Social Security Tax	-34.92	3,343.70
	Medicare Tax	-8.16	781.99
	Federal Income Tax		6,530.82
	Other		
	Hyatt Legal	-7.00	119.00
	Medical	-45.69*	741.20
	Mep 401K Loan 1	-65.45	1,112.65
	Met Accident In	-5.93	100.81
	Met Critical II	-5.35	90.95
	Met Hospital In	-10.44	177.48
	Roth 401K Mep	-24.99	2,197.46
	Ts Dental	-12.42*	209.82
	Ts Vision	-3.23*	54.91
	Net Pay	\$401.08	
	Checking	-401.08	39,475.80
	Net Check	\$0.00	

Important Notes

ADP TotalSource, Inc., A Professional Employer Organization
10200 Sunset Drive, Miami, FL 33173
1-844-448-0325

BASIS OF PAY: SALARY

Additional Tax Withholding Information

Exemptions/Allowances:
TX: No State Income Tax

* Excluded from federal taxable wages

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ADP TotalSource
A Professional Employer Organization
5800 Windward Parkway
Alpharetta, GA 30005

Advice number: 00000370023
Pay date: 09/09/2025

Deposited to the account of	account number	transit	ABA	amount
DOUGLAS A CUBA RAMOS	xxxxxxx1832	xxxx	xxxx	\$401.08

THIS IS NOT A CHECK

NON-NEGOTIABLE

7F2 111593 Y07010 XN50K 0000330022 1

Earnings Statement

FLEXI COMPRAS AUTOS, LLC
1111 WEST MOCKING BIRD LN, STE #1500
DALLAS TX 75247

Period Beginning: 07/16/2025
Period Ending: 07/31/2025
Pay Date: 08/15/2025

Filing Status: Single/Married filing separately
Exemptions/Allowances:
Federal: Standard Withholding Table

DOUGLAS A CUBA RAMOS
3637 TIMBERGLEN ROAD
APT 9115
DALLAS TX 75287

Earnings	rate	salary/hours	this period	year to date
Regular	1900.00		1,900.00	28,428.67
Mgr Commision			1,731.25	18,127.06
Bonus				10.00
Spiffs				800.00
Gross Pay			\$3,631.25	47,365.73

Your federal taxable wages this period are
\$3,569.91

Deductions	Statutory		
	Federal Income Tax	-435.98	5,326.49
	Social Security Tax	-221.33	2,881.91
	Medicare Tax	-51.77	674.00
	Other		
	Hyatt Legal	-7.00	105.00
	Medical	-45.69*	649.82
	Mep 401K Loan 1	-65.45	981.75
	Met Accident In	-5.93	88.95
	Met Critical II	-5.35	80.25
	Met Hospital In	-10.44	156.60
	Roth 401K Mep	-145.25	1,894.62
	Ts Dental	-12.42*	184.98
	Ts Vision	-3.23*	48.45
	Net Pay	\$2,621.41	
	Checking	-2,621.41	34,292.91
	Net Check	\$0.00	

Other Benefits and Information

	this period	total to date
Safe H	145.25	1,894.62
Sick Hours Bal	3.70	
Vac Hours Bal	101.64	

Important Notes

ADP TotalSource, Inc., A Professional Employer Organization
10200 Sunset Drive, Miami, FL 33173
1-844-448-0325

BASIS OF PAY: SALARY

Additional Tax Withholding Information

Exemptions/Allowances:
TX: No State Income Tax

* Excluded from federal taxable wages

© 2000 ADP, Inc



A Professional Employer Organization
5800 Windward Parkway
Alpharetta, GA 30005

Advice number: 00000330022
Pay date: 08/15/2025

Deposited to the account of	account number	transit ABA	amount
DOUGLAS A CUBA RAMOS	xxxxxxxx1832	xxxx xxxx	\$2,621.41

THIS IS NOT A CHECK

NON-NEGOTIABLE

CO. FILE DEPT. CLOCK VCHR. NO. 576
7F2 111593 Y07010 XN50K 0000350023 1

FLEXI COMPRAS AUTOS, LLC
1111 WEST MOCKING BIRD LN, STE #1500
DALLAS TX 75247

Earnings Statement

Period Beginning: 08/01/2025
Period Ending: 08/15/2025
Pay Date: 08/29/2025

Filing Status: Single/Married filing separately
Exemptions/Allowances:
Federal: Standard Withholding Table

DOUGLAS A CUBA RAMOS
3637 TIMBERGLEN ROAD
APT 9115
DALLAS TX 75287

Earnings	rate	salary/hours	this period	year to date
Regular	1900.00		1,900.00	30,328.67
Mgr Commision			4,146.20	22,273.26
Spiffs			900.00	1,700.00
Bonus				10.00
Gross Pay			\$6,946.20	54,311.93

Your federal taxable wages this period are
\$6,884.86

Deductions	Statutory		
	Federal Income Tax	-1,204.33	6,530.82
	Social Security Tax	-426.87	3,308.78
	Medicare Tax	-99.83	773.83
	Other		
	Hyatt Legal	-7.00	112.00
	Medical	-45.69*	695.51
	Mep 401K Loan 1	-65.45	1,047.20
	Met Accident In	-5.93	94.88
	Met Critical II	-5.35	85.60
	Met Hospital In	-10.44	167.04
	Roth 401K Mep	-277.85	2,172.47
	Ts Dental	-12.42*	197.40
	Ts Vision	-3.23*	51.68
	Net Pay	\$4,781.81	
	Checking	-4,781.81	39,074.72
	Net Check	\$0.00	

Other Benefits and Information

	this period	total to date
Safe H	277.85	2,172.47
Sick Hours Bal	5.55	
Vac Hours Bal	104.72	

Important Notes

ADP TotalSource, Inc., A Professional Employer Organization
10200 Sunset Drive, Miami, FL 33173
1-844-448-0325

BASIS OF PAY: SALARY

Additional Tax Withholding Information

Exemptions/Allowances:
TX: No State Income Tax

* Excluded from federal taxable wages

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A Professional Employer Organization
5800 Windward Parkway
Alpharetta, GA 30005

Advice number: 00000350023
Pay date: 08/29/2025

Deposited to the account of	account number	transit ABA	amount
DOUGLAS A CUBA RAMOS	xxxxxxxx1832	xxxx xxxx	\$4,781.81

THIS IS NOT A CHECK

NON-NEGOTIABLE

Sales Manager Bonus Dashboard

Sales Details Step Down Details

Salesperson	Calls	CW	To-Do	TDW	Said	SW	Not Rptd	No Skips	Week Nr 35		Target	Aug 24		Target%	SD Catchup	Bonus	Deduct %	KPI Deduct	Down Factor	M Catchup	Total Bonus	Paid
									SD	Leads		Target Req	Aug 30 2025									
YB7 - Asat Hjr	32	0.0	100.00	0.0	13.0	5.0	0	0	0	0	12	00		100	10.00	650.00	5.0	16.30	567.20	0.00	1210.70	
-Bryan Reyes	304	0.0	100.00	0.0	2.5	2.5	0	2	0	0						0.00	0.0	0.00			0.00	
-Diana Marrero	1068	0.0	100.00	0.0	5.0	0.0	0	5	0	1						0.00	0.0	0.00			0.00	
-Mariana Quintana	201	0.0	92.00	0.0	2.5	2.5	0	1	0	0						0.00	2.5	0.00			0.00	

v1072.03.2

501 PF
9/5/202

111

Sales Manager Bonus Dashboard

Sales Details 21/09/2025 10:18

Salesperson	Calls	CW	To-Do	TDW	Seld	SW	NotFunded	NoStips	SD	Levels	Week Mar 33		Aug 10		Aug 15 2025		SDCatchUp	Bonus	Deduct %	KPI Deduct	Down Comm	M Catchup	Total Bonus	Paid
											Target	Target Req	Target	Target Req	Target %									
Y07 - Asst Mgr		2.5		0.0	14.0	0.0	0	5	0	3			12		80		116	40.00	700.00	2.5	9.25	653.50	0.00	1384.25
-Betzabeth Guedez	93	0.0	103.00	0.3	1.0	0.0	0	1	0	0								0.00	0.0	0.00			0.00	
-Diana Marrero	630	0.0	100.00	0.0	4.3	0.0	0	3	0	1								0.00	0.0	0.00			0.00	
-Mariana Quintero	917	0.0	100.00	0.0	4.3	0.0	0	0	0	2								0.00	0.0	0.00			0.00	
-Nallely Lara	199	2.5	100.00	0.0	4.0	0.0	0	2	0	1								0.00	2.5	0.00			0.00	