

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State
 03-26-2002 90062 003 ***150.00

DOCUMENT # P01000072389

1. Entity Name
THE COLOR HAUS, INC.

Principal Place of Business

**735 4TH STREET
 BUILDING ONE
 MIAMI BEACH FL 33139**

Mailing Address

**735 4TH STREET
 BUILDING ONE
 MIAMI BEACH FL 33139**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**701 4th Street
 Suite, Apt. #, etc.
 #100**

3. Mailing Address

**701 4th Street
 Suite, Apt. #, etc.
 #100**

City & State

Miami Beach

Zip

33139

Country

USA

City & State

Miami Beach

Zip

33139

Country

USA

4. FEI Number

65-1123476

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LAW OFFICES OF LEE D. GLASSMAN, P.A.
 8000 PETERS ROAD
 SUITE A-200
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **RAMCHAL, PURNANANDA**
 STREET ADDRESS **2885 N.W. 91ST AVENUE #104**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **VD** ☐ Delete
 NAME **CRUZ, FROILAN**
 STREET ADDRESS **18960 S.W. 248TH STREET**
 CITY-ST-ZIP **HOMESTEAD FL 33031**

TITLE **STD** ☐ Delete
 NAME **PICCOLI, JEFFREY**
 STREET ADDRESS **16030 LA COSTA DRIVE**
 CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1443 Lantana Drive**
 CITY-ST-ZIP **Weston, FL 33326**

TITLE ☐ Change ☒ Addition
 NAME **Sec. Ramchal, David**
 STREET ADDRESS **8303 NW 37th St.**
 CITY-ST-ZIP **Coral Springs, FL 33065**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)