

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000005974

1. Entity Name

NEW COLOR PRESS, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90112 044 ***150.00

Principal Place of Business

Mailing Address

2185 N POWERLINE RD
POMPANO BEACH FL 33069

2185 N POWERLINE RD
POMPANO BEACH FL 33069

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0370260

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LATZER, MARTHA
16276 BRIDLEWOOD CIR
DELRAY BEACH FL 33445
3728 MYKONOS CT.
BOCA RATON, FL 33487

Name LATZER, MARTHA
Street Address (P.O. Box Number is Not Acceptable)
3728 MYKONOS CT.
City BOCA RATON FL Zip Code 33487

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 MARTHA LATZER

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

(NOTE: Registered Agent signature required when reinstating)

4/26/01
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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME LATZER, MARTHA
STREET ADDRESS 16276 BRIDLEWOOD CIR
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE Change ☒ Change ☐ Addition
NAME 3728 MYKONOS CT.
STREET ADDRESS BOCA RATON FL 33487
CITY-ST-ZIP BOCA RATON FL 33487

TITLE D ☐ Delete
NAME LATZER, MARTHA
STREET ADDRESS 3728 MYKONOS CT
CITY-ST-ZIP BOCA RATON FL 33487

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

MARTHA LATZER 4/26/01 954-960-1610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0135895

CR2E034 (10/00)