

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K19154**

1. Entity Name

**LIVING COLOR ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

**6850 NW 12th AVE.  
FT. LAUDERDALE, FL 33309**

**SAME**

2. Principal Place of Business

3. Mailing Address

**SAME AS ABOVE**

**SAME AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0048011**

Applied For

Not Applicable

Zip

Country

**USA**

Zip

Country

**USA**

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BRETT MALDON  
6850 NW 12th AVE.  
FT. LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent

Name **BARTLEY C. MILLER, ESQ.**

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

**2810 E. CANAL PK. BLVD., #102**

City

**FT. LAUDERDALE**

**FL**

Zip Code

**33306**

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

**BARTLEY C. MILLER**

**7-26-01**

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, 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

TITLE **Pres., Secy, TREAS, VP, DIRECTOR** ☒ Delete  
NAME **BRETT MALDON**  
STREET ADDRESS **6850 NW 12th AVE.**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33309**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **PRES., SECY, TREAS, DIRECTOR** ☐ Change ☒ Addition  
NAME **DANA PARHAM**  
STREET ADDRESS **13787 NW 19th CT.**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33028**

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

TITLE ☐ Change ☐ Addition  
NAME **800004518388-8**  
STREET ADDRESS **-08/06/01--01013--002**  
CITY-ST-ZIP **\*\*\*751.25 \*\*\*558.75**

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

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

**Dana Parham**

**DANA PARHAM**

**954-970-9511**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

**AUG 3 2001**

CR2E034 (11/00)