

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L16677

1. Entity Name
COLOR-IT, INC.

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90211 010 ***150.00

Principal Place of Business
9305 N. W. 101 ST
MEDLEY FL 33178
US

Mailing Address
9305 N. W. 101 ST
MEDLEY FL 33178
US

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 65-0142540

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

MALLER, ERIC
9055 W. SUNRISE BLVD.
PLANTATION FL 33322

9305 NW 101 ST.
Medley, FL 33178

Name

SAME AGENT

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

Address Change

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

02/08/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐

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
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
IZHAK, YORAM
1420 LOS PINOS BLVD
SURFSIDE FL

☐ Delete

New Address only →

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
IZHAK, YORAM
3301 NW 101 ST.
MIRAMONTE, FL 33167

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
MALLER, ERIC
9055 W. SUNRISE BLVD.
PLANTATION FL

☐ Delete

New Address only →

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
MALLER, ERIC
9305 NW 101 ST.
Medley, FL 33178

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

(Signature, typed or printed name of signing officer or director)

Date

Daytime Phone #

(Eric Maller) 02/08/01 (305) 887-3580

CR2E034 (10/00)