

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -1 AM 9: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005853

1. Entity Name
COLOR CONCEPTS L.C.

Principal Place of Business
7525 NW 8 STREET
SUITE 201
MIAMI FL 33126

Mailing Address
7525 NW 8 STREET
SUITE 201
MIAMI FL 33126-2914

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

65-0950914

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAGE, GONZALO M

7525 NW 8 STREET

SUITE 201

MIAMI FL 33126

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

MGRM
CHALBAUD, LUIS RAMON
520 BRICKELL KEY DRIVE #1007
MIAMI FL 33131

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY- ST- ZIP

MGRM
LAGE, GONZALO M
7525 NW 8 STREET #201
MIAMI FL 33126

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED
Gonzalo M Lape
Signature and TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/31/00
Date

(302)
2679954
Daytime Phone #

Managing Member

CR2E083 (9/99)