

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005853

1. Entity Name  
COLOR CONCEPTS L.C.

FILED

01 APR 23 PM 5:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Mailing Address  
7525 NW 8 STREET  
SUITE 201  
MIAMI FL 33126



2. Principal Place of Business  
6500 N.W. 72 AVE

3. Mailing Address  
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI FL.

City & State

4. FEI Number 65-0950914

Applied For  
Not Applicable

Zip  
33166

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

LAGE, ANGELINA G  
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 *Angelina Garcia* ANGELINA GARCIA 04/17/01  
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 MGRM ☐ Delete  
NAME LAGE, ANGELINA G  
STREET ADDRESS 7525 N.W. 8 STREET, SUITE 201  
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Change ☐ Addition  
NAME 400004133974-04  
STREET ADDRESS -05/03/01--01085--023  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

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

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 *Angelina Garcia* ANGELINA GARCIA 4/17/01 (305) 436-9787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0008365 AF

CR2E083 (11/00)