

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000019165**

1. Entity Name

ABC COLOR PRINTING, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90154 045 ***150.00

Principal Place of Business

Mailing Address

**9050 Pines Blvd.
Ste 450**

& (SAME)

Pembroke Pines, FL 33024

AU056705

2. Principal Place of Business

9050 Pines Blvd.

3. Mailing Address

9050 Pines Blvd.

Suite, Apt. #, etc.

450

Suite, Apt. #, etc.

450

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

4. FEI Number

65-0999713

Applied Fee

Not Applicable

Zip

33024

Country

USA

Zip

33024

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

**GONZALES, DON ESO
9050 Pines Blvd. Ste 450
Pembroke Pines, FL 33024**

7. Name and Address of New Registered Agent

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

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 ☐ Delete
NAME **PD**
STREET ADDRESS **VALENZUELA, LUIS CARLOS**
CITY-ST-ZIP **9050 Pines Blvd. Ste 450
Pembroke Pines, FL 33024**

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **NOVA, JOSE Ramon**
CITY-ST-ZIP **9050 Pines Blvd. Ste 450
Pembroke Pines, FL 33024**

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 ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Add
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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, changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-01