

# 2001 UNIFORM BUSINESS REPORT (JBR)

<b>DOCUMENT #</b> 0000052005				07-31-2001 90232 003 ***150.00	
1. Entity Name <b>Professional Color &amp; Design Services, Inc</b>					
<b>1629 N.W. 80th Ave # H</b>					
<b>MARGATE FL 33063</b>					
Principal Place of Business			Mailing Address		
<b>1629 NW 80th Ave # H</b>			<b>MARGATE FL 33063</b>		
2. Principal Place of Business			3. Mailing Address		
<b>1629 N.W. 80th Ave # H</b>			<b>H</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>MARGATE, FLORIDA</b>			City & State		
Zip <b>33063</b>		Country		4. FEI Number <b>65-1005814</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>Anabella Solis</b> <b>1629 N.W. 80th Ave # H</b> <b>MARGATE FL 33063</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> 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 <u><i>Anabella Solis</i></u> <span style="float:right">7/25/01</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so: <input type="checkbox"/>			10. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State					
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P Solis Anabella</b> <input type="checkbox"/> Delete <b>1629 NW 80th Ave # H</b> <b>MARGATE, FL 33063</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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 corporations.					
SIGNATURE: <u><i>Anabella Solis</i></u> <span style="float:right">7/25/01 (954) 978-6661</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E004 (11/00)

*pg 1 of 2*

**FILED**  
**01 SEP -4 AM 10:29**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Attachment  
DH P00000525  
B000000000  
pg 2 of 2

PROFESSIONAL COLOR AND DESIGN  
1629 N.W. 80 AVE. APT. H  
MARGATE, FL. 33063

(954)9747428

Request taken by: acalabro  
06-14-2001

The forms you recently requested from this office are:

(1) 201. COR Profit A/R

Should you have any questions or need any further information,  
please contact us at the address below:

Division of Corporations, P.O. BOX 6327, Tallahassee FL 32314

Note: Thank you for sending me this form.  
As I told you by phone I did not  
receive this report.

Anabella P. P. P.