

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90033 020 ***150.00

DOCUMENT# P00000052005

1. Entity Name

PROFESSIONAL COLOR & DESIGN SERVICES, INC.

Principal Place of Business

**1629 N.W. 80TH AVE., # H
MARGATE, FL 33063**

Mailing Address

**1629 N.W. 80TH AVE., # H
MARGATE, FL 33063**

2. Principal Place of Business

7436 SW 12th COURT

3. Mailing Address

7436 SW 12th COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH LAUDERDALE, FL

City & State

NORTH LAUDERDALE, FL

Zip

33068

Country

USA

Zip

33068

Country

USA

4. FEI Number

65-1005814

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SOLIS, ANABELLA
1629 N.W. 80TH AVE., # H
MARGATE FL 33063**

7. Name and Address of Now Registered Agent

Name

SOLIS, ANABELLA

Street Address (P O Box Number is Not Acceptable)

7436 SW 12th COURT

City

NORTH LAUDERDALE

FL

Zip Code
33068

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, 2002 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 **P** ☐ Delete
NAME **SOLIS, ANABELLA**
STREET ADDRESS **7436 SW 12th COURT**
CITY - ST - ZIP **NORTH LAUDERDALE, FL 33068**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 qualified 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, and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/02

Date

Daytime Phone #

851132

DO NOT WRITE IN THIS SPACE