

2004 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90018 028 ***150.00

DOCUMENT # P000000059639
1. Entity Name
 American Colordard Express Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11471 West Sample Rd
3. Mailing Address 5665 NW 121 Ave
 Suite, Apt. #, etc. #26 Suite, Apt. #, etc.

City & State Coral Springs FL
Zip 33065 **Country** USA
City & State Coral Springs FL
Zip 33076 **Country** USA

4. FEI Number 65-1025849
Applied For
 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE 54014423

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Regan Koploff
Street Address (P.O. Box Number is Not Acceptable) 5665 NW 121 Ave
City Coral Springs **FL** **Zip Code** 33076

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 Regan McCoy Koploff, D
NAME 5665 NW 121 Ave
STREET ADDRESS Coral Springs FL 33076
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/04 318 081575-24B
Date **Daytime Phone #**

CR2E034B (12/01)