

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000093656

1. Entity Name

COLORMAX AUTO BODY SUPPLY, INC.

FILED

Apr 02, 2001 8:00 am  
Secretary of State

04-02-2001 90069 029 \*\*\*150.00

Principal Place of Business

2201 W. SAMPLE ROAD, BLDG. 1, SUITE 1-B  
POMPANO BEACH FL 33073

Mailing Address

2201 W. SAMPLE ROAD, BLDG. 1, SUITE 1-B  
POMPANO BEACH FL 33073

155522



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2080 NW BOCA RATON BLVD #6

3. Mailing Address

Suite, Apt. #, etc.

#6

City & State

BOCA RATON FL

4. FEI Number

65-1045941

Applied For

Not Applicable

Zip

33431

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.

343 ALMERIA AVENUE

CORAL GABLES FL 33134

Name

ARMANDO HERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)

2201 W SAMPLE ROAD

BLDG # 9, SUITE 1B

City

POMPANO BEACH

FL

Zip Code

33073

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
HERNANDEZ, ARMONDO  
2201 W. SAMPLE ROAD, BLDG. 1, SUITE 1-B  
POMPANO BEACH FL 33073

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
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CITY-ST-ZIP  
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Change Addition

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Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/01 954-989-4480

CR2E034 (10/00)