

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91429 046 ***150.00

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DOCUMENT # P00000107651

1. Entity Name
VIVID COLORS, INC.



Principal Place of Business
**555 NE 15TH STREET
SUITE 18G
MIAMI FL 33132**

Mailing Address
**555 NE 15TH STREET
SUITE 18G
MIAMI FL 33132**



2. Principal Place of Business

3. Mailing Address

1717 N. Bayshore Drive

1717 N. Bayshore Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3341

3341

City & State

City & State

Miami FL

Miami FL

Zip

Country

Zip

Country

33132

33132

4. FEI Number

65-1056668

Applied For

Not Applicable

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

**SAINZ, PAUL
555 NE 15TH STREET
SUITE 18G
MIAMI FL 33132**

Name

OCHOA, JAHTZ AEL

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

1717 N. Bayshore Drive suite 3341

City

Miami

FL

Zip Code

33132

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
SAINZ, PAUL
555 NE 15TH STREET SUITE 18G
MIAMI FL 33132** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
Sainz, Paul
1717 N. Bayshore Drive suite 3341
Miami FL 33132** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V/D
OCHOA, JAHTZ AEL
1717 N. Bayshore Drive suite 3341
Miami FL 33132** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03
Date

(305) 416-6172
Daytime Phone #

CR2E034 (10/02)