

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91158 029 ***150.00

03/11/02 AV

DOCUMENT # P01000055839

1. Entity Name
FLYING COLORS ENTERPRISES, INC.



Principal Place of Business
P. O. BOX 451299
SUNRISE FL 33345

Mailing Address
P. O. BOX 451299
SUNRISE FL 33345

2. Principal Place of Business

3. Mailing Address

941 NE 141st St.

10100 W. SANDY RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 329

City & State

City & State

NORTH MIAMI, FL

CORAL SPRINGS, FL

Zip

Country

Zip

Country

33161

33066

4. FEI Number 65-1109415

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIPARO, GEORGE
961 NE 141ST ST.
N. MIAMI FL 33161

Name

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

City

FL

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 PD
NAME PIPARO, GEORGE
STREET ADDRESS 961 NE 141ST ST.
CITY-ST-ZIP N. MIAMI FL 33161

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CITY-ST-ZIP

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

George PIPARO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-03 x 305-333-0790

CR2E034 (10/02)