FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 21, 2002 8:00 am Secretary of State DOCUMENT # P01000120167 1. Entity Name 04-21-2002 90895 012 ***150.00 COLORS OF THE FLAG, CORP. Principal Place of Business Mailing Address 854 CRYSTAL LAKE DRIVE 854 CRYSTAL LAKE DRIVE POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59907 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent TESSARIN, JOAO L Street Address (P.O. Box Number is Not Acceptable) 854 CRYSTAL LAKE DRIVE POMPANO BEACH FL 33064 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **DPVS** TITLE ☐ Delete TITLE CR2E034 (9/01) Change ☐ Addition TESSARIN, JOAO L NAME NAME 854 CRYSTAL LAKE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP POMPANO BEACH FL 33064 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME tessarin, Joao L NAME STREET ADDRESS 854 CRYSTAL LAKE DRIVE STREET ADDRESS CITY-ST-ZIE POMPANO BEACH FL 33064 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 jet 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 entry weight 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 addre

Date

Daytime Phone #