

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**

08-11-2003 90285 011 \*\*\*150.00

0085196 AV

**DOCUMENT # P02000051360**

1. Entity Name  
**FABULOUS COLOURS USA, INC.**



Principal Place of Business  
**FABULOUS COLOURS, INC.**  
**24 MAGIL D.D.O.**  
**QUEBEC, CANADA H9G1N-3**

Mailing Address  
**C/O DR JOSEPH ORRICK**  
**5688 SANTIAGO CIRCLE**  
**BOCA RATON FL 33433**



2. Principal Place of Business

3. Mailing Address

**Sharon Braunstein**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**5688 Santiago Circle**

City & State

City & State

**Boca Raton FL**

Zip

Country

Zip

Country

**33433**

4. FEI Number

**68-0507613**

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

**KLEIN, JAY ALAN**  
**22738 SW 66TH AVENUE**  
**BOCA RATON FL 33428**

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 \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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 **P** ☒ Delete  
NAME **BRAUNSTEIN, SHARON**  
STREET ADDRESS **24 MAGIL D.D.O.**  
CITY-ST-ZIP **QUEBEC, CANADA XX H9G1N-3**

TITLE **P** ☒ Change ☐ Addition  
NAME **Sharon Braunstein**  
STREET ADDRESS **5688 Santiago Circle**  
CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Aug. 4/03**

Date

Daytime Phone #

CR2E034 (4/03)

*Attachment*  
**Lippman & Lippman**  
**Enterprises, Inc.**

80137490

Karen Lippman, C.P.A., C.A. • Certified Public Accountant  
6401 Congress Avenue, Suite# 140 • Boca Raton, Florida 33487  
Telephone: (561) 999-9701 • Fax: (561) 999-9703 • e-mail: lippman2@aol.com

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August 8, 2003

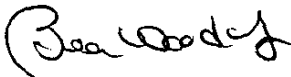
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**RE: Doc. #P02000051360 / Four hundreds Dollarss late fee**

To Whom It May Concern:

This is the first time that I have received the 2003 UBR and I'm kindly requesting a waiver for the penalty in the amount of four hundred dollars.  
Your prompt attention to this matter will be appreciated. Should you have any questions please do not hesitate to call me at (561) 347-5944

Sincerely,



Beatriz Wood-Garza  
Accountant

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