

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PD2000112945

1. Entity Name

THE COLOR WORLD BEAUTY, INC.

FILED

03 APR 25 AM 11:51

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9898 HAMMOCKS BLVD

3. Mailing Address

9898 HAMMOCK BLVD

Suite, Apt. #, etc.

APT: 102

Suite, Apt. #, etc.

APT: 102

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33196

Country

US

Zip

33196

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARINA DE LIMA BARRIOS

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

9898 HAMMOCKS BLVD. APT: 102

City MIAMI

FL

Zip Code 33196

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
(PD) MARINA DE LIMA BARRIOS
9898 HAMMOCKS BLVD APT: 102
MIAMI, FL 33196

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800018453308
05/07/03--01064--022 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
(S) ANTHONY BARRIOS
9898 HAMMOCKS BLVD APT: 102
MIAMI, FL 33196

TITLE
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CITY-ST-ZIP

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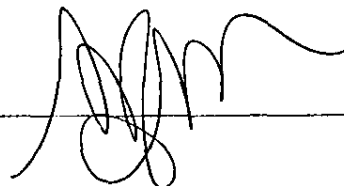
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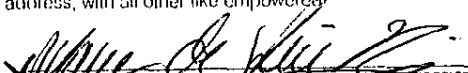
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**



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 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 #