

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000010933

1. Entity Name
ALL IN COLORS, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90041 018 ***158.75

Principal Place of Business

Mailing Address

11990 SW 94 CT
MIAMI FL 33176
US

11990 SW 94 CT
MIAMI FL 33176
US

2. Principal Place of Business

3. Mailing Address

5900 SW 81 St.

5900 SW 81 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI, FL.

MIAMI, FL.

City & State

City & State

4. FEI Number 65-0374391

Applied For

Not Applicable

Zip 33143

Country USA

Zip 33143

Country USA

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

WIEN, MARILYN
11990 SW 94 CT
MIAMI FL 33176

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME WIEN, MARILYN R
STREET ADDRESS 11990 SW 94 CT
CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

TITLE
NAME MARILYN REISEL
STREET ADDRESS 5900 SW 81 St.
CITY-ST-ZIP MIAMI, FL 33143 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

SIGNATURE: Marilyn Reisel MARILYN REISEL 4/27/01 305-665-7235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)