

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90005 046 ***150.00

DOCUMENT # P92000010933

1. Entity Name

ALL IN COLORS, INC.

Principal Place of Business

**5900 SOUTHWEST 81ST STREET
MIAMI FL 33143
US**

Mailing Address

**5900 SOUTHWEST 81ST STREET
MIAMI FL 33143
US**

2. Principal Place of Business

9260 SW 72nd STREET

Suite, Apt. #, etc.

206

3. Mailing Address

9260 SW 72nd STREET

Suite, Apt. #, etc.

206

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33173

Country

MIAMI-DADE

Zip

33173

Country

MIAMI-DADE

4. FEI Number

65-0374391

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**WIEN, MARILYN
11990 SW 94 CT
MIAMI FL 33176**

7. Name and Address of New Registered Agent

Name

REISEL, MARILYN

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

9260 SW 72nd STREET**#206**

City

MIAMI**FL**Zip Code
33173

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

Marilyn Reisel

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

(NOTE: Registered Agent signature required when reinstating)

4/26/02

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WIEN, MARILYN R 5900 SOUTHWEST 81ST STREET MIAMI FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	REISEL, MARILYN 9260 SW 72nd STREET #206 MIAMI, FL 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**MARILYN REISEL-PRES****04/26/02**

Date

305-412-4141

Daytime Phone #

CR2E034 (9/01)