

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 05, 2000 08:00 AM
Secretary of State****DOCUMENT # P94000022881****1. Entity Name**
COLOR CONNECTION, INC.

Principal Place of Business	Mailing Address
18500 NE 5TH AVE. 1ST FLOOR MIAMI 33179 FL	18500 NE 5TH AVE. 1ST FLOOR MIAMI 33179 FL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**65-0496734**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PLOTKIN BENARD N
3308 OAK DRIVE

HOLLYWOOD FL
33021 US

7. Name and Address of New Registered Agent

Name
PLOTKIN BENARD H
Street Address (P.O. Box Number is Not Acceptable)
3308 OAK DRIVE

City
HOLLYWOOD FL Zip Code
33021

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 BENARD H. PLOTKIN****01/05/2000**

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, 2000 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	S	<input type="checkbox"/> Delete
NAME	PLOTKIN BETTY	
STREET ADDRESS	3308 OAK DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

TITLE	VP	<input type="checkbox"/> Delete
NAME	PLOTKIN HOWARD P	
STREET ADDRESS	3308 OAK DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

TITLE	PT	<input type="checkbox"/> Delete
NAME	PLOTKIN BENARD N	
STREET ADDRESS	3308 OAK DR.	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PLOTKIN BETTYE		
STREET ADDRESS	3308 OAK DRIVE		
CITY-ST-ZIP	HOLLYWOOD FL 33021		

TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PLOTKIN HOWARD B		
STREET ADDRESS	3308 OAK DRIVE		
CITY-ST-ZIP	HOLLYWOOD FL 33021		

TITLE	PT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PLOTKIN BENARD H		
STREET ADDRESS	3308 OAK DR.		
CITY-ST-ZIP	HOLLYWOOD FL 33021		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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 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: BENARD H. PLOTKIN****DATE: 01/05/2000**