

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2001 8:00 am
Secretary of State

0020951 AV

DOCUMENT # P94000053484

1. Entity Name
EXCO, EXCLUSIVE COLOR, INC.

07-17-2001 90001 026 ***150.00

Principal Place of Business

**17330 NW 67 PLACE
 6A
 HIALEAH FL 33015
 US**

Mailing Address

**17330 NW 67 PL
 6A
 HIALEAH FL 33015
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0517955**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**SUAREZ, JOSE
 17330 NW 67 PLACE- APT 6A
 HIALEAH FL 33015**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **P** ☐ Delete
 NAME **FOGLIANI, KARINA**
 STREET ADDRESS **17330 NW 67 PL APT 6A**
 CITY-ST-ZIP **MIAMI LAKES FL 33015**

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

TITLE **VP** ☐ Delete
 NAME **SUAREZ, JOSE DEL C**
 STREET ADDRESS **17330 NW 67 PL APT 6A**
 CITY-ST-ZIP **MIAMI LAKES FL 33015**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-01
 Date

305-558-0990
 Daytime Phone #

CR2E034 (5/01)



Phone: (305) 558-0990

e/mail: kaansua@yahoo.com

17330 NW. 67 Place Suite 6A • Miami Lakes, Florida 33015

Attachment
01# 9940005534/84
A0074169

July 6, 2001

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

Subject: FEI 65-0517955

Dear Sir/ Madam:

We are enclosing our Annual Report with a payment of \$150.00. As it happens, this year we did not received the report on early Spring as it is customary. Since this is really the first time this ever happens, we went back to check our status when we saw such a high filing fee and, in effect, found that it had never been filed.

We immediately contacted the Division of Corporations and spoke to Ruth, who instructed that we sent an explanatory letter together the \$150.00 payment, as we are now doing.

Please take into consideration that we are a very small business, operated out of our home, which last year did not even made a profit. We have also never been late in paying any taxes.

If you need any further information, please contact me at (305) 558-0990

Sincerely,

Karen Fogliani
President

enclosures/ A. Report
check