

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90156 039 ***150.00

DOCUMENT # P94000053484

1. Entity Name
EXCO, EXCLUSIVE COLOR, INC.



Principal Place of Business
17330 NW 67 PLACE
6A
HIALEAH FL 33015
US

Mailing Address
17330 NW 67 PL
6A
HIALEAH FL 33015
US

2. Principal Place of Business

1036 VIZCAYA LAKE RD

3. Mailing Address

1036 VIZCAYA LAKE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

108

108

City & State

City & State

OCOE FL

OCOE FL

Zip

Country

Zip

Country

34761

USA

34761

USA

6. Name and Address of Current Registered Agent

4. FEI Number

65-0517955

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

7. Name and Address of New Registered Agent

SUAREZ, JOSE

17330 NW 67 PLACE- APT 6A

HIALEAH FL 33015

Name

KARINA SUAREZ

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

1036 VIZCAYA LAKE RD.

UNIT 108

City

OCOE

FL

Zip Code

34761

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

3-26-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FOGLIANI, KARINA	
STREET ADDRESS	17330 NW 67 PL APT 6A	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SUAREZ, JOSE DEL C	
STREET ADDRESS	17330 NW 67 PL APT 6A	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, KARINA	
STREET ADDRESS	1036 VIZCAYA LAKE RD-STE 108	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, JOSE DEL C	
STREET ADDRESS	1036 VIZCAYA LAKE RD.-STE 108	
CITY-ST-ZIP	OCOE FL 34761	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-03

407-445-0648

Date

Daytime Phone #

CR2E034 (10/02)