2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jun 05, 2000 8:00 am Secretary of State DOCUMENT # **P96000023360** A COLORAMA, INC. 06-05-2000 90028 020 ***150.00 Principal Place of Business Mailing Address 9883 NORTH GRAND DUKE CIRCLE 9883 NORTH GRAND DUKE CIRCLE TAMARAC FL 33321-6312 TAMARAC FL 33321-6312 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0652455 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YEEND, JOHN Street Address (P.O. Box Number is Not Acceptable) 1109 SOUTH CONGRESS AVENUE WEST PALM BEACH FL 33406 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE DE AGUIAR, OSNI SANTOS NAME NAME STREET ADDRESS STREET ADDRESS 151 S.W. 91 AVENUE, #205 CITY-ST-ZIP CITY-ST-7IP PLANTATION FL 33324 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME DE SOUZA, JOELIAS R STREET ADDRESS 9883 NORTH GRAND DUKE CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321-6312 Change ☐ Addition Delete TITLE NAME VIEIRA, JESER CORREA NAME 8010 HAMPTON BLVD #510 STREET ADDRESS STREET ADDRESS 9821 NOB HILL COURT NORTH LAUDERDALE, FL 33068 CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33351 ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED