

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91113 004 \*\*\*150.00

**DOCUMENT # P96000023360**

1. Entity Name

**A COLORAMA, INC.**

Principal Place of Business

Mailing Address

**9883 NORTH GRAND DUKE CIRCLE  
TAMARAC FL 33321-6312****9883 NORTH GRAND DUKE CIRCLE  
TAMARAC FL 33321-6312**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0652455**

Applied For

Not Applicable

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

**YEEND, JOHN  
1109 SOUTH CONGRESS AVENUE  
WEST PALM BEACH FL 33406**

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 \$150.00  
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	DE AGUIAR, OSNI SANTOS	
STREET ADDRESS	151 S.W. 91 AVENUE, #205	
CITY-ST-ZIP	PLANTATION FL 33324	

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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	DE SOUZA, JOELIAS R	
STREET ADDRESS	9883 NORTH GRAND DUKE CIRCLE	
CITY-ST-ZIP	TAMARAC FL 33321-6312	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE SOUZA, JOELIAS R.	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	VIEIRA, JESER CORREA	
STREET ADDRESS	8010 HAMPTON BLVD #510	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	

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

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

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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:

*DE SOUZA, JOELIAS R.* VPD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.23.01

Date

(954) 444-4810

Daytime Phone #

CR2E034 (10/00)