

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90138 044 \*\*\*150.00

**DOCUMENT # P96000042691**

1. Entity Name  
**COLORALL TECHNOLOGIES INTERNATIONAL, INC.**

Principal Place of Business

**1540 N POWERLINE RD**  
**PARKLAND FL 33069**  
**US**

Mailing Address

**1540 N POWERLINE RD**  
**PARKLAND FL 33069**  
**US**

2. Principal Place of Business

**1520 N. POWERLINE RD**  
 Suite, Apt. #, etc.

3. Mailing Address

**1520 N. POWERLINE RD**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Pompano Bch, FL**

City & State

**Pompano Bch, FL**

4. FEI Number **65-0748562**

Applied For  
 Not Applicable

Zip **33069** Country **USA**

Zip **33069** Country **USA**

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

6. Name and Address of Current Registered Agent

**ROSENBRIER, GILBERT**  
**7000 E. CYPRESS HEAD DRIVE**  
**PARKLAND FL 33065**

7. Name and Address of New Registered Agent

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

DATE **4/11/02**

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, 2002 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	<b>DM</b>	<input type="checkbox"/> Delete
NAME	<b>ROSENBRIER, GILBERT</b>	
STREET ADDRESS	<b>7000 EAST CYPRESSHEAD DRIVE</b>	
CITY-ST-ZIP	<b>PARKLAND FL 33065</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>ROSENBRIER, CLAUDETTE</b>	
STREET ADDRESS	<b>7000 EAST CYPRESSHEAD DRIVE</b>	
CITY-ST-ZIP	<b>PARKLAND FL 33065</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>PRIGAL, GERALD S</b>	
STREET ADDRESS	<b>3300 NE 191 ST 1514</b>	
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>	
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		<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		
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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 empowerments.

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

DATE **4/19/02**  
 DAYTIME PHONE # **954-969-1599**

CR2E034 (9/01)