

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103145

1. Entity Name

COLOR VISION AND GRAPHIC DESIGN, INC.

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90141 048 ***150.00

0 3 2 3 0 3



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3900 NORTH HILLS DRIVE
SUITE 209
HOLLYWOOD FL 33021

Mailing Address
3900 NORTH HILLS DRIVE
SUITE 209
HOLLYWOOD FL 33021-2554

2. Principal Place of Business
2850-D Stirling Road
Suite, Apt. #, etc.

3. Mailing Address
2850-D Stirling Road
Suite, Apt. #, etc.

City & State
Hollywood FL

City & State
Hollywood FL

Zip
33020

Country
USA

Zip
33020

Country
USA

4. FEI Number
65-0718499

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HILEL, EITAN
3900 NORTH HILLS DRIVE
SUITE 209
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
2850-D Stirling Road
City
Hollywood FL Zip Code
33020

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 X Eitan Hiles Eitan Hiles - Pres. 4/24/00
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. ☐ FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 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	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HILEL, EITAN		NAME		
STREET ADDRESS	3900 NORTH HILLS DRIVE, SUITE 209		STREET ADDRESS	2850-D Stirling Road	
CITY-ST-ZIP	HOLLYWOOD FL 33021		CITY-ST-ZIP	Hollywood, FL 33020	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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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.

SIGNATURE: X Eitan Hiles RECEIVED: Eitan Hiles 4/24/00 9547989-0004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #