

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000015815

1. Entity Name  
**SELECTIVE COLOR, INC.**

Principal Place of Business  
**10155 COLLINS AVE  
APT 1606  
BAL HARBOUR FL 33154**

Mailing Address  
**10155 COLLINS AVE  
APT 1606  
BAL HARBOUR FL 33154**

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90166 011 \*\*\*158.75

00000201



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0729423</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>BURLADER, CSHIFRA A</b> <b>2221 NE 164 STREET</b> <b>SUITE 335</b> <b>NORTH MIAMI BEACH FL 33160</b>				Name <b>MARY ANN DUNBAR</b>			
				Street Address (P.O. Box Number is Not Acceptable)			
				<b>10155 COLLINS AVE #1606</b>			
				City <b>BAL HARBOUR</b> FL Zip Code <b>33154</b>			

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 **4/9/2001**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURLADER, CSHIFRA A</b>	NAME	
STREET ADDRESS	<b>10155 COLLINS AVE., #1606</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BAL HARBOUR FL 33154</b>	CITY-ST-ZIP	
TITLE	<b>V</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUNBAR, MARY ANN</b>	NAME	
STREET ADDRESS	<b>10155 COLLINS AVE., 1606</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BAL HARBOUR FL 33154</b>	CITY-ST-ZIP	
TITLE	<b>S</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURLADER, CHIFRA ALEX</b>	NAME	
STREET ADDRESS	<b>10155 COLLINS AVE., #1606</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BAL HARBOUR FL 33154</b>	CITY-ST-ZIP	
TITLE	<b>T</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUNBAR, MARY ANN</b>	NAME	
STREET ADDRESS	<b>10155 COLLINS AVE., #1606</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BAL HARBOUR FL 33154</b>	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: DATE **4/09/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)