

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 97000 0 409 69 (2) ✓

Entity Name

Power Color, INC

Principal Place of Business

Mailing Address

Principal Place of Business

3220 NE 26 St.

Suite, Apt. #, etc.

3. Mailing Address

3220 NE 26 St.

Suite, Apt. #, etc.

City & State

Ft Lauderdale FL

City & State

Ft Lauderdale FL

Zip

33305

Country

US

Zip

33305

Country

US

6. Name and Address of Current Registered Agent

Khang, John
3220 NE 26 St.
Ft Lauderdale, FL 33305

4. FEI Number

65-0752107

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 of registered agent and its applicable

(NOTE: Registered Agent signature required after registration)

DATE

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, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Section Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

☐ Delete

STREET ADDRESS
CITY - ST - ZIP

☐ Delete

STREET ADDRESS
CITY - ST - ZIP

☐ Delete

STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

☐ Delete

STREET ADDRESS
CITY - ST - ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P Khang, John
3220 NE 26 St
Ft Lauderdale, FL 33305

☒ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

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 of assets 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

PRINTED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90432 047 ***150.00

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DO NOT WRITE IN THIS SPACE