

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90015 007 ***150.00

0186878 AV

DOCUMENT # P98000009026

1. Entity Name
BEAUTIFUL COLORS, INC.

Principal Place of Business
~~7306 NW 60 ST~~
TAMARAC FL 33322

Mailing Address
~~7306 NW 60 ST~~
~~TAMARAC FL 33322~~

2. Principal Place of Business
11672 NW 13 MANOR

Suite, Apt. #, etc.

3. Mailing Address
11672 NW 13 MANOR

Suite, Apt. #, etc.

City & State
CORAL SPRINGS, FLORIDA

Zip
33071

Country
U.S.

4. FEI Number **65-0822518**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRANCAVILLA, DANIEL
~~7306 NW 60TH ST~~
~~TAMARAC FL 33322~~

7. Name and Address of New Registered Agent

Name

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

11672 NW 13 MANOR

City **CORAL SPRINGS** **FL** Zip Code **33071**

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 _____ (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, 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	DP	<input type="checkbox"/> Delete
NAME	FRANCAVILLA, DANIEL	
STREET ADDRESS	7306 NW 60TH ST	
CITY-ST-ZIP	TAMARAC FL 33322	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMPONI, MARCELA	
STREET ADDRESS	7306 NW 60TH ST	
CITY-ST-ZIP	TAMARAC FL 33322	
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	11672 NW 13 MANOR	
STREET ADDRESS	CORAL SPRINGS, FL 33071	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11672 NW 13 MANOR	
STREET ADDRESS	CORAL SPRINGS, FL 33071	
CITY-ST-ZIP		
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		
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:  **DANIEL FRANCAVILLA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-18-02** Daytime Phone # _____

CR2E034 (9/01)