

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000050732**

1. Entity Name

YELLOW & BLUE COMPANY**FILED**
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90061 018 ***550.00

Principal Place of Business Mailing Address

% MARKOWITZ, DAVIS RINGEL & TRUSTY, P.A.
9130 S. DADELAND BLVD. #1225
MIAMI FL 33156

% MARKOWITZ, DAVIS RINGEL & TRUSTY, P.A.
9130 S. DADELAND BLVD. #1225
MIAMI FL 33156-7850

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. City & State

11767 S. DIXIE HWY
PMB 437
MIAMI, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0918254 Applied For Not Applicable

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

City & State Zip Country City & State Zip Country

MIAMI, FLORIDA 33156 U.S.

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGRI, PIERRE	NAME	
STREET ADDRESS	VIGNES LONGUES CD 64A	STREET ADDRESS	
CITY-ST-ZIP	13122 VENTABREN, FRANCE	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGRI, PASCALE	NAME	
STREET ADDRESS	VIGNES LONGUES CD 64A	STREET ADDRESS	
CITY-ST-ZIP	13122 VENTABREN, FRANCE	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	
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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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	

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: PIERRE MAGRI 05/15/08 0133442288442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)