FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052933

1. Entity Name

COLOR'S COMPUTER, INC.

FILED
02 APR -8 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1444 BISCAYNE BLVD		1444 BISCAYNE BLVD	
Suite, Apt. #, etc. SUITE 208		Suite, Apt. #, etc. SUITE 208	
City & State MIAMI, Fl		City & State MIAMI, Fl	
Zip 33132	Country USA	Zip 33132	Country USA

DO NOT WRITE IN THIS SPACE: 04/08/02 01073 001 600.00

4. FEI Number 650843008 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name RICARDO E. MEDELLIN

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

9350 FOUNTAINEBLEAU BLVD APT C310

City MIAMI FL Zip Code 33172

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 ______ 4/5/02

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. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	D	TITLE	
NAME	RICARDO E. MEDELLIN	NAME	
STREET ADDRESS	9350 FONTAINEBLEAU BLVD APT C310	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, Fl 33172	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ______ 4/5/02

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