

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000095965**

1. Entity Name

A & T COLORS CORP.**FILED****May 02, 2001 8:00 am**
Secretary of State

05-02-2001 90083 027 ***150.00

Principal Place of Business

9300 NW 58 ST., STE. 209
MIAMI FL 33178

Mailing Address

9300 NW 58 ST., STE. 209
MIAMI FL 33178

2. Principal Place of Business

10077 Costa del Sol Blvd

Suite, Apt. #, etc.

3. Mailing Address

10077 Costa del Sol Blvd.

Suite, Apt. #, etc.

City & State

Miami, Fl.

City & State

Miami, Fl.

4. FEI Number

65-0880474

Applied For

Not Applicable

Zip

33178

Country

Dade

Zip

33178

Country

Dade5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GALLO, MARIA N**9300 NW 58 ST., STE. 209****MIAMI FL 33178**

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

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) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PS			
	GALLO, MARIA N			
	9300 NW 58 ST STE 209			
	MIAMI FL 33178			
	D			
	BONNET, VICTOR A			
	9300 NW 58 ST STE 209			
	MIAMI FL 33178			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-25-01

CR2E034 (10/00)