2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013632

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG 25 PM 2:37

1. Entity Name

MOOVING COLOURS SERVICES CORP.

Principal Place of Business	Mailing Address
3898 WEST FLAGLER ST. MIAMI FL 33134	3898 WEST FLAGLER ST. MIAMI FL 33166-5260

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
282 WESTWARD DR	282 WESTWARD DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI SPRINGS, FL	City & State: MIAMI SPRINGS, FL
Zip: 33166 Country: USA	Zip: 33166 Country: USA

4. FEI Number ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEL CORRAL, EDUARDO
3898 WEST FLAGLER ST.
MIAMI FL 33134

7. Name and Address of New Registered Agent

Name: JUAN DEL CORRAL
Street Address (P.O. Box Number is Not Acceptable): 282 WESTWARD DR
City: MIAMI SPRINGS FL Zip Code: 33166

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] JUAN DEL CORRAL, PRES. 3/21/00
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	VD DEL CORRAL, EDUARDO 282 WESTWARD DR. MIAMI SPRINGS FL 33166	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000003383840--8 -09/06/00--01083--019 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEL CORRAL, JUAN A 282 WESTWARD DR. MIAMI SPRINGS FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: X [signature] JUAN DEL CORRAL 3/21/00 (305) 871-0889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #