

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000065086**

1. Entity Name

DIRECT COLOR, INC.

FILED

00 OCT -9 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**A0078484**

Principal Place of Business

7171 CORAL WAY #301
MIAMI FL 33155

Mailing Address

7171 CORAL WAY #301
MIAMI FL 33155

2. Principal Place of Business

7171 Coral Way #301

Suite, Apt. #, etc.

301

3. Mailing Address

7171 Coral Way #301

Suite, Apt. #, etc.

301

City & State

Miami / FL

Zip

33155

Country

US

City & State

Miami / FL

Zip

33155

Country

US

4. FEI Number

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

NEGRON, EILEEN
5950 SW 47 ST.
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name Eileen Negron

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

5950 SW 47 St.

City Miami

FL

Zip Code

33155

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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE Owner
NAME Eileen Negron
STREET ADDRESS 5950 SW 47 St
CITY-ST-ZIP Miami, FL 33155 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12

Date

(305) 263-7001

Daytime Phone

CR2E034 (5/00)