

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065086

1. Entity Name
DIRECT COLOR, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90220 029 ***150.00

Principal Place of Business 7171 CORAL WAY #301 301 MIAMI FL 33155	Mailing Address 7171 CORAL WAY #301 301 MIAMI FL 33155
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2. Principal Place of Business 7171 Coral Way Suite, Apt. #, etc. 317 City & State miami / FL Zip 33155 Country US	3. Mailing Address 7171 Coral Way # Suite, Apt. #, etc. 317 City & State miami / FL Zip 33155 Country US
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DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 Negron, Eileen Street Address (P.O. Box Number is Not Acceptable) 5950 SW 47 ST Miami 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]* (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 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	0 NEGRON, EILEEN 5950 SW 47 ST. MIAMI FL 33155	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **4/30/01** **305-243-1001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)