

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Aug 03, 2000 8:00 am
Secretary of State

05-22-2000 90053 045 ***150.00

DOCUMENT # P99000081518																																	
1. Entity Name E.R. COLOR SERVICE, INC.																																	
Principal Place of Business 2139 COVE LAKE RD. NORTH LAUDERDALE FL 33068		Mailing Address 2139 COVE LAKE RD NORTH LAUDERDALE FL 33068-4639																															
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Suite, Apt. #, etc. # 2139		Suite, Apt. #, etc. # 2139																															
City & State NORTH LAUDERDALE, FL		City & State NORTH LAUDERDALE, FL																															
Zip 33068	Country USA	Zip 33068	Country USA																														
4. FEI Number 65-0948583		Applied For ☐ Not Applicable																															
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																															
6. Name and Address of Current Registered Agent PALIS, SORAYA 9257 RAMBLEWOOD DR #1314 CORAL SPRINGS FL 33071		7. Name and Address of New Registered Agent 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 <u>PALIS SORAYA</u> (NOTE: Registered Agent signature required when reinstating) <u>06/25/00</u> 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																															
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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)(f), 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: <u>[Signature]</u>		<u>04/28/00</u> Date <u>(954) 975-3731</u> Telephone #																															

CR2E034 (9/99)