

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUL -2 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 501144

**1. Entity Name**  
CENTENNIAL COSMETIC CORPORATION

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 14101 NW 4th Street Suite, Apt. #, etc.		<b>3. Mailing Address</b> 14101 NW 4th Street Suite, Apt. #, etc.	
City & State Sunrise, FL		City & State Sunrise, FL	
Zip 33325	Country USA	Zip 33325	Country USA

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 59-1670557	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	Name Francis X. Riley	
	Street Address (P.O. Box Number is Not Acceptable) 14101 NW 4th Street	
	City Sunrise	
	FL	Zip Code 33325

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>9.</b> This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	<b>10.</b> Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	P/V/T/S/D Lahmann, Jessie 14101 NW 4th Street Sunrise, FL 33325	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

**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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** Jessie Lahmann **Jessie Lahmann** **06/01/02** **(954) 845-9500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #