

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000000 439**
 1. Entity Name
OFRA COSMETICS LLC

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 JUL -7 AM 9:25

mf

Principal Place of Business Mailing Address

2. Principal Place of Business
2200 N.W. 32 ST.
 Suite, Apt. #, etc.
SUITE 200
 City & State
POMPANO BEACH
 Zip
33069 Country
U.S.A.

3. Mailing Address
P.O. BOX 2449
 Suite, Apt. #, etc.
FT. LAUDERDALE
 City & State
 Zip
33303 Country
U.S.A.

4. FEI Number
59-3556109 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
 Name
DAVID G. MURRAY
 Street Address (P.O. Box Number is Not Acceptable)
321 S.E. 15 AVE.
 City
FT. LAUDERDALE FL Zip Code
33303

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete OFRA GAITO MGRM 35 PELICAN DRIVE FT. LAUDERDALE FL 33303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DAVID GAITO MGRM 35 PELICAN DRIVE FT. LAUDERDALE FL 33303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100003321341--3 -07/12/00--01073--029 *****55.00 *****55.00
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* President 7-3-00 954-9726688
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

C-3 (1/98)