

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000096984

1. Entity Name
COSMETICA TERCER MILENIO, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR -9 PM 12:29

Principal Place of Business
1330 WEST AVENUE SUITE #2002
MIAMI BEACH, FL 33139

Mailing Address
1330 WEST AVENUE SUITE #2002
MIAMI BEACH, FL 33139

2. Principal Place of Business
2127 Brickell Avenue

3. Mailing Address
2127 Brickell Avenue

Suite, Apt. #, etc.
Suite 1806

Suite, Apt. #, etc.
Suite 1806

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33129-2145

Country
USA

Zip
33129-2145

Country
USA

4. FEI Number
73-165-8366

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PARIS-GAVIRIA, NATALIA
1330 WEST AVENUE SUITE #2002
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name
Luis C. Villanueva

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

8260 West Flagler Street, Suite 1E

City Miami

FL

33144

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Handwritten Signature]

04/07/2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW! FEE IS \$150.00
After May 1, 2003 Fee will be \$500.00
Make checks payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PST	PARIS-GAVIRIA, NATALIA	1330 WEST AVENUE SUITE #2002	MIAMI BEACH, FL 33139	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
		2127 Brickell Ave., #1806	Miami, Florida 33139	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		600016128566	04/17/03--01006--011	**150.00	
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

[Handwritten Signature]

04/07/2003

(786)262-0343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)