

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90133 004 ***150.00

DOCUMENT # P37411

1. Entity Name
REALISTIC/ROUX PROFESSIONAL PRODUCTS INC.

Principal Place of Business Mailing Address
5344 OVERMYER DR. P.O. BOX 37557
JACKSONVILLE FL 32205 JACKSONVILLE FL 32236
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3097280** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ (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	P NUGENT, JEFFREY M	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	625 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE NAME	V DESSEN, STANLEY B.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	625 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE NAME	AT ELLIOTT, LAWRENCE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2147 ROUTE 27	
CITY-ST-ZIP	EDISON NJ	
TITLE NAME	DV GEHRMANN, FRANK J	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	625 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE NAME	SD KRETZMAN, ROBERT K.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	625 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE NAME	DV NICHOLS, WADE H., III	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	625 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	

TITLE NAME	PRESIDENT + DIRECTOR CARLOS COLOMER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	625 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE NAME	VP + DIRECTOR HARDY MOLAIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	625 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE NAME	VP-SECRETARY MICHAEL POWELL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	625 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE NAME	VP FINANCE VINCENT BOVA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	625 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: Vincent Bova Vincent Bova 1/30/01 (212) 574-2412
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)