

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90027 027 ****61.25

DOCUMENT # N06000003126

1. Entity Name
**SOCIETY OF COSMETIC CHEMISTS-FLORIDA CHAPTER
INC.**



Principal Place of Business
**2500 N.E. 135TH STREET
507
MIAMI, FL 33181**

Mailing Address
**617 N LUCIA
2
REDONDO BEACH, CA 90277**

50001824



2. Principal Place of Business - No P.O. Box #
1613 N. 16th COURT
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 221564
Suite, Apt. #, etc.

03012008 Chg-NP CR2E037 (12/06)

City & State
HOLLYWOOD FL
Zip
33020
Country
USA

City & State
HOLLYWOOD FL
Zip
33022-1564
Country
USA

4. FEI Number
59-2540784
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SAMUELS, HARRY M
2901 STIRLING ROAD
SUITE 307
FT LAUDERDALE, FL 33312**

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

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

3/11/08
DATE

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCHR ASHOOR, SAAD 2500 NE 135TH ST #507 MIAMI, FL 33181 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCE ROSS, JAMIE S ELECT 1410 CANARY ISLAND DRIVE WESTON, FL 33327 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GERLACH, CHRIS D 1304 OAKLANDING LANE ORANGE PARK, FL 32003 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NORMAN, GREGORY 617 N. LUCIA, SUITE 2 REDONDO BEACH, CA 90277 <input checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCHR ROSS, JAMIES. 1410 CANARY ISLAND DRIVE WESTON FL 33327 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCE LEWELLEN, KELLY ELECT. 2080 N. OCEANSHORE FLAGLER BEACH FL 32136 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PANASOSKY, TERESA M. 1613 N. 16th COURT HOLLYWOOD FL 33020. <input type="checkbox"/> Change <input checked="" 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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/2008
Date

386-237-0350
Daytime Phone #