

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P31823

**Entity Name:** LA PRAIRIE INSTITUT DE BEAUTE, INC.

**Current Principal Place of Business:**

1551 S. WASHINGTON AVE.  
301  
PISCATAWAY, NJ 08854

**Current Mailing Address:**

1551 S. WASHINGTON AVE.  
301  
PISCATAWAY, NJ 08854 US

**FEI Number:** 22-2361830

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SPARKMAN, T. KENDALL  
RUBIN, BAUM, LEVIN, ET AL  
200 S. BISCAYNE BLVD., SUTIE 2500  
MIAMI, FL 33131-2336 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name RASQUINET, PATRICK  
Address 41 MADISON AVE.  
City-State-Zip: NEW YORK NY 10010

Title PRESIDENT  
Name MUNAFO, NICHOLAS  
Address 41 MADISON AVE.  
City-State-Zip: NY NY 10010

Title AUTHORIZED REPRESENTATIVE  
Name LOEB, LARRY  
Address 1551 S. WASHINGTON AVE.  
301  
City-State-Zip: PISCATAWAY NJ 08854

Title TREASURER  
Name NG, CAROLINA  
Address 41 MADISON AVE.  
City-State-Zip: NY NY 10010

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LARRY LOEB

**AUTHORIZED  
REPRESENTATIVE**

01/21/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date