

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 417534

1. Entity Name

COSMOPOLITAN COSMETICS, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90009 031 ***150.00

Principal Place of Business

3223 N.W. 10TH TERRACE
SUITE 601
FT. LAUDERDALE FL 33309

Mailing Address

3223 N.W. 10TH TERRACE
SUITE 601
FT. LAUDERDALE FL 33309-5940

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

59-1450018

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

BRONCHICK, KENNETH C
100 W. CYPRESS CREEK ROAD
SUITE 910
FT. LAUDERDALE FL 33309

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

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

(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, 2000 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	C	<input type="checkbox"/> Delete
NAME	GAYDIER, FRANCOIS	
STREET ADDRESS	VENBER STRASSE 241-245	
CITY-ST-ZIP	KOLN, GERMANY 50823	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHULTNER, HEINZ J	
STREET ADDRESS	VENLOCR STRASSE 241-245	
CITY-ST-ZIP	KOLN, GERMANY 50823	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROUQUETTE, THIERRY	
STREET ADDRESS	3217 NW 10TH TERR #301	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THIERRY A. ROUQUETTE

2/11/2000

954 563 9330

CR2E034 (9/99)