

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

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90236 047 ***150.00

DOCUMENT # F 03000002525
1. Entity Name
VIKKI LAMOTTA COSMETICS, LTD.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>5803 WATERFORD</u>	3. Mailing Address <u>5803 WATERFORD</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <u>BOCA RATON, FL</u>	City & State <u>BOCA RATON, FL</u>
Zip <u>33496-2910</u>	Zip <u>33496-2910</u>
Country	Country

4. FEI Number <u>03-0463709</u>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

94074752

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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 _____ DATE _____
Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS		
<p>TITLE <u>LESLIE DUBS PRESIDENT</u> NAME <u>5803 WATERFORD</u> STREET ADDRESS <u>BOCA RATON, FL 33496-2910</u> CITY - ST - ZIP</p>	<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: X [Signature] 4/24/04 561-988-4045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #