

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90949 006 ***150.00

C0058567

DO NOT WRITE IN THIS SPACE

DOCUMENT # F47621

1. Entity Name
ALBERTO CORTES COSMETICS AND PERFUMES, INC.

Principal Place of Business Mailing Address
20 SE 3rd Avenue, 2nd Floor **20 SE 3rd Avenue, 2nd Floor**
Miami, Florida 33131 **Miami, Florida 33131**

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

4. FEI Number Applied For
59-2496559 Not Applicable

Zip Country Zip Country 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

ALBERTO CORTES
20 SE 3rd Avenue, 2nd Floor
Miami, Florida 33131

Name **Claudia Cortes**
 Street Address (P.O. Box Number is Not Acceptable)
20 SE 3rd Avenue, 2nd Floor
Miami, Florida 33131
 City **FL** Zip Code **33131**

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  DATE **4-25-01**

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, 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	D	<input type="checkbox"/> Delete
NAME	Claudia Cortes	
STREET ADDRESS	1600 S Bayshore Lane, 9C	
CITY-ST-ZIP	Miami, Florida	
TITLE	PDC	<input checked="" type="checkbox"/> Delete
NAME	Alberto Cortes	
STREET ADDRESS	811 NE 70th Street	
CITY-ST-ZIP	Miami, Florida	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Sandra Cortes	
STREET ADDRESS	4505 Banyan Lane	
CITY-ST-ZIP	Miami, Florida	
TITLE	S	<input type="checkbox"/> Delete
NAME	Patricia Cortes	
STREET ADDRESS	200 SE 15th Road, #115	
CITY-ST-ZIP	Miami, Florida 33129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Claudia Cortes	
STREET ADDRESS	1600 W. Bayshore Lane, 9C	
CITY-ST-ZIP	Miami, Florida 33133	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eric Bendenbaugh	
STREET ADDRESS	4505 Banyan Lane	
CITY-ST-ZIP	Miami, Florida	
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		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/25/01** Daytime Phone #: **305 3580680**

CR2E034 (11/00)