

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003275

1. Entity Name

INTIMATE BEAUTY CORPORATION

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90143 002 ***150.00

Principal Place of Business

Mailing Address

ATTN: TAX DEPARTMENT
P O BOX 16586
COLUMBUS OH 43216-6586

ATTN: TAX DEPARTMENT
P O BOX 16586
COLUMBUS OH 43216-6586

80047399



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

New York, NY

Zip

Country

Zip

Country

10106

USA

4. FEI Number 31-1437168

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 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	P	<input type="checkbox"/> Delete
NAME	BURNS, ROBIN	
STREET ADDRESS	888 7TH AVE 43RD FLOOR	
CITY-ST-ZIP	NEW YORK NY 10106	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	GILMAN, KENNETH	
STREET ADDRESS	3 LIMITED PARKWAY	
CITY-ST-ZIP	COLUMBUS OH 43230	
TITLE	S	<input type="checkbox"/> Delete
NAME	LYONS, TIMOTHY	
STREET ADDRESS	3 LIMITED PARKWAY	
CITY-ST-ZIP	COLUMBUS OH 43230	
TITLE	T	<input type="checkbox"/> Delete
NAME	HEOTORNE, PATRICK	
STREET ADDRESS	3 LIMITED PARKWAY	
CITY-ST-ZIP	COLUMBUS OH 43230	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	KAUFMAN, BARRY	
STREET ADDRESS	3 LIMITED PKWY	
CITY-ST-ZIP	COLUMBUS OH 43230	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Jill Granoff	
STREET ADDRESS	3 Limited Pkwy	
CITY-ST-ZIP	Columbus OH 43230	

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timothy Faber	
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		
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, 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

Daytime Phone #

CR2E034 (10/00)