## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## F95000003318 DOCUMENT #

EURÓPEAN COSMETICS AND RESEARCH LAB INC.



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Country Zip Country S. Certification of State Desired	Suite, Apt.	#, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES			
S. Certificate of Status Desired   Fee Required    MAZZINI, CHARLOTTE L   4020 N 2 STH AVE. LIGHTHOUSE POINT FL 33064    FILE NOW!! FEEL STEED OF PROJECTORS    FILE NOW!! FEEL STEED OF PROJECTORS    MAXZINI, CHARLOTTE L   4020 N 2 STH AVE. LIGHTHOUSE POINT FL 33064    FILE NOW!! FEEL STEED OF PROJECTORS    FILE NOW.  FILE NOW!! FEEL STEED OF PROJECTORS    FILE NOW.	City & State	9	City & State								
MAZZINI, CHARLOTTE L 4020 NE 26TH AVE. LICHTHOUSE POINT FL 33064  8. The above named entity submits this statement for the purpose of changing its registered officult instituted against the cutingations of registered agent.  SIGNATURE VILLOLA DEPLUCIO RESIDENT  SIGNATURE VILLOLA DEPLUCIO RESIDENT  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  FILE  NAME  SIERT ADDRESS  CITY-ST-2P  LICHTHOUSE POINT FL 33064  TITLE  NAME  SIERT ADDRESS  CITY-ST-2P  LICHTHOUSE POINT FL 33064  TITLE  NAME  SIERT ADDRESS  CITY-ST-2P  LICHTHOUSE POINT FL 33064  TITLE  NAME  SIERT ADDRESS  CITY-ST-2P  LICHTHOUSE POINT FL 33064  TITLE  NAME  SIERT ADDRESS  CITY-ST-2P  LICHTHOUSE POINT FL 33064  TITLE  NAME  SIERT ADDRESS  CITY-ST-2P  LICHTHOUSE POINT FL 33064  TITLE  NAME  SIERT ADDRESS  CITY-ST-2P  LICHTHOUSE POINT FL 33064  TITLE  NAME  SIERT ADDRESS  CITY-ST-2P  LICHTHOUSE POINT FL 33064  TITLE  NAME  SIERT ADDRESS  CITY-ST-2P  LICHTHOUSE POINT FL 33064  TITLE  NAME  SIERT ADDRESS  CITY-ST-2P  LICHTHOUSE POINT FL 33064  TITLE  NAME  SIERT ADDRESS  CITY-ST-2P  LICHTHOUSE POINT FL 33064  TITLE  NAME  SIERT ADDRESS  CITY-ST-2P  LICHTHOUSE POINT FL 33064  TITLE  NAME  SIERT ADDRESS  CITY-ST-2P  LICHTHOUSE POINT FL 33064  TITLE  NAME  SIERT ADDRESS  CITY-ST-2P  LICHTHOUSE POINT FL 33064  TITLE  NAME  SIERT ADDRESS  CITY-ST-2P  LICHTHOUSE POINT FL 33064  TITLE  NAME  SIERT ADDRESS  CITY-ST-2P  LICHTHOUSE POINT FL 33064  TITLE  NAME  SIERT ADDRESS  CITY-ST-2P  LICHTHOUSE POINT FL 33064  TITLE  NAME  SIERT ADDRESS  CITY-ST-2P  LICHTHOUSE POINT FL 33064  TITLE  NAME  SIERT ADDRESS  CITY-ST-2P  LICHTHOUSE POINT FL 33064  TITLE  NAME  SIERT ADDRESS  CITY-ST-2P  LICHTHOUSE POINT FL 33064  TITLE  NAME  SIERT ADDRESS  CITY-ST-2P  LICHTHOUSE POINT FL 33064  TITLE  NAME  SIERT ADDRESS  CITY-ST-2P  LICHTHOUSE POINT FL 33064  LICHTHOUSE POINT FL 33064  LICHTHOUSE POINT FL 33064  LICHTHOUSE POINT FL	Zip	Country			Zip Coi						
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Street Address (PO. Sox Number is Not Acceptable) 4020 NE 26TH AVE. LIGHTHOUSE POINT FL 33064  8. The above named entity submits this statement for the purpose of changing its registered officer for the policy of the ching of	AAA77INII CHADI OTTE I							Niek. Berwego			
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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE NUCLE Suprement agent and time it application.  FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TIME  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  PREST DUCKES.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TIME  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  PREST DUCKES.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  PREST DUCKES.  10. OFFICERS AND DIRECT											
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		ertify that the	information supplied with	this filing	does not qualify for			ed in Ser	action 119.07(3)(i) Florida Statutes. I further certify that the inform	nation	

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 Block 11 if changed, or on an attachment my hand address, with all other like empowered.

SIGNATURE: