

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002399

1. Entity Name

MAKE-UP ART COSMETICS INC.

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90019 028 \*\*\*150.00

Principal Place of Business

Mailing Address

7 CORPORATE CENTER DR.  
 MELVILLE NY 11747-3166

7 CORPORATE CENTER DR.  
 MELVILLE NY 11747-3115

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 **11-3344805**

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

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

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	DV	<input type="checkbox"/> Delete
NAME	BIGLER, ROBERT J	
STREET ADDRESS	767 FIFTH AVE.	
CITY-ST-ZIP	NEW YORK NY 10153	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LANGHAMMER, FRED H	
STREET ADDRESS	767 FIFTH AVE.	
CITY-ST-ZIP	NEW YORK NY 10153	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAUDER, WILLIAM P	
STREET ADDRESS	767 FIFTH AVE.	
CITY-ST-ZIP	NEW YORK NY 10153	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	MAGRAM, SAUL H	
STREET ADDRESS	767 FIFTH AVE.	
CITY-ST-ZIP	NEW YORK NY 10153	
TITLE	VT	<input type="checkbox"/> Delete
NAME	ANUZIS, ANDRIS	
STREET ADDRESS	767 FIFTH AVE.	
CITY-ST-ZIP	NEW YORK NY 10153	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BOND, THOMAS A	
STREET ADDRESS	767 FIFTH AVE.	
CITY-ST-ZIP	NEW YORK NY 10153	

TITLE	See Attached	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T Corp Center Dr.	
STREET ADDRESS	Melville, NY 11747	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul E. Konney	
STREET ADDRESS	7 Corporate Center Dr.	
CITY-ST-ZIP	Melville, NY 11747	
TITLE	None Appointed	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP, Tax Real Estate + Customs	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerald Z. Gibian	
STREET ADDRESS	7 Corporate Center Dr.	
CITY-ST-ZIP	Melville, NY 11747	

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES PORRETTO**  
**ASSISTANT SECRETARY**

4/24/00

631-847-6347  
 Daytime Phone #

CR2E034 (9/99)

#T9800002399  
844497

MAKE UP ART COSMETICS INC.  
LIST OF OFFICERS AND DIRECTORS

DIRECTORS	ADDRESSES	OFFICE	SOCIAL SECURITY #
Robert J. Bigler	7 Corporate Center Dr., Melville, NY 11747	Director	093-38-5129
Fred H. Langhammer	7 Corporate Center Dr., Melville, NY 11747	Director	077-70-0927
William P. Lauder	7 Corporate Center Dr., Melville, NY 11747	Director	120-38-7017
Paul E. Konney	7 Corporate Center Dr., Melville, NY 11747	Director	046-34-0741
OFFICERS			
John Demsey	7 Corporate Center Dr., Melville, NY 11747	Managing Director	289-54-4291
Robert J. Bigler	7 Corporate Center Dr., Melville, NY 11747	VP/CEO	093-38-5129
Paul E. Konney	7 Corporate Center Dr., Melville, NY 11747	Secretary	046-34-0741
Gerald Z. Gibian	7 Corporate Center Dr., Melville, NY 11747	VP	124-28-8831
Richard W. Kunes	7 Corporate Center Dr., Melville, NY 11747	Asst Secretary	147-48-1238
James Porretto	7 Corporate Center Dr., Melville, NY 11747	Asst Secretary	092-58-4743
Spencer Smul	7 Corporate Center Dr., Melville, NY 11747	Asst Secretary	117-60-8047