2000 UNIFORM BUSINESS REPORT (UBR)

Jan 25, 2000 8:00 am Secretary of State DOCUMENT # **F98000006924** COSMETICS OF FRANCE, INC. 01-25-2000 90104 005 ***150.00 Principal Place of Business Mailing Address TWO PARK AVENUE, SUITE 1830 TWO PARK AVENUE, SUITE 1830 NEW YORK NY 10016-9301 NEW YORK NY 10016 B0007196 3. Mailing Address Avenue Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 13-3531601 Not April Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name UNITED CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI FL 33156 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE DEBAUSSET, ANDRE NAME NAME STREET ADDRESS TWO PARK AVENUE, SUITE 1830 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10016 ☐ Change Addition ☐ Delete TITI F TITLE NAME DAVILA, RAUL NAME STREET ADDRESS STREET ADDRESS TWO PARK AVENUE, SUITE 1830 CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10016** ☐ Change Addition ☐ Delete TITLE TITLE NAME FOLKMAN, MICHAEL T -NAME ---STREET ADDRESS STREET ADDRESS TWO PARK AVENUE, SUITE 1830 CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10016** SECRETARY ☐ Addition S Delete TITLE TITLE FIRESTONE, LOUISE NAME LEVIN, ANNA H NAME 100 PARK AVENUE, STE STREET ADDRESS TWO PARK AVENUE, SUITE 1830 STREET ADDRESS CITY-ST-ZIP DEW YORK NEW YORK 10016 CITY-ST-ZIP **NEW YORK NY 10016** 1,500 Addition ☐ Delete TITLE TITLE Minima di Nasara (NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

1/18/80 212 40 7486

FILED