

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K47998

1. Entity Name
CONCEPT II COSMETICS INTERNATIONAL, INC.

FILED
Mar 02, 2001 8:00 am
Secretary of State
03-02-2001 90076 027 ***158.75

Principal Place of Business Mailing Address
% IVAN A. GOMEZ. ESQ. % IVAN A. GOMEZ. ESQ.
601 BRICKELL KEY DR.. #507 601 BRICKELL KEY DR.. #507
MIAMI FL 33131 MIAMI FL 33131

2. Principal Place of Business
1521 N.W. 89 CT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

4. FEI Number 65-0131473

Applied For
Not Applicable

Zip Country
33172

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

LEVITT, PETER H
ADORNO & ZEDER, PA
2601 S BAYSHORE DR #1600
MIAMI FL 33133

Name
IAG CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)

601 BRICKELL KEY DRIVE, SUITE 507

City MIAMI 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.

IAG CORPORATE SERVICES, INC.

SIGNATURE BY: Ivan A. Gomez, Pres.

(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 PSD
NAME BLASSER, JOSEPH
STREET ADDRESS 1521 N.W. 89TH CT.
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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

Daytime Phone #

JOSEPH BLASSER, Pres.

305-371-9213

CR2E034 (10/00)