

2001 UNIFORM BUSINESS REPORT (UBR)

0014631

DOCUMENT # L00000003851

1. Entity Name

PERMANENT MAKE-UP OF SOUTH FLORIDA, L.L.C.

FILED

01 JAN 17 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4545 N. OCEAN BLVD., SUITE 10B
C/O RICHARD M. SCHRAMM
BOCA RATON FL 33431

Mailing Address

4545 N. OCEAN BLVD., SUITE 10B
C/O RICHARD M. SCHRAMM
BOCA RATON FL 33431

2. Principal Place of Business

4545 N. OCEAN BLVD

3. Mailing Address

Suite, Apt. #, etc. Suite

Suite, Apt. #, etc.

TO B

City & State BOCA RATON, FL.

City & State

Zip

33431

Country

USA

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHRAMM, RICHARD M
4545 N. OCEAN BLVD., SUITE 10B
BOCA RATON FL 33431

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGR
STREET ADDRESS SCHRAMM, RICHARD M
CITY-ST-ZIP 4545 N. OCEAN BLVD., SUITE 10B
BOCA RATON FL 33431

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGR
STREET ADDRESS WHITNEY, MELANY
CITY-ST-ZIP 4545 N. OCEAN BLVD., SUITE 10B
BOCA RATON FL 33431

TITLE NAME
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STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Richard M. Schramm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/10/01

CR2E083 (11/00)