

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90188 041 \*\*\*\*\*55.00

**DOCUMENT # L00000003851**

1. Entity Name

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



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

**4400 N. FEDERAL HWY  
SUITE 210  
BOCA RATON, FL**

3. Mailing Address

**SAME  
SUITE 210  
BOCA RATON, FL**

City & State

**BOCA RATON, FL**

City & State

**SAME**

Zip

**33431**

Country

**USA**

Zip

**"**

Country

**"**

4. FEI Number

**65-1001023**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **GENERAL MANAGER** ☒ Change ☐ Addition  
NAME **SCHRAMM, RICHARD M**  
STREET ADDRESS **4400 N. FEDERAL HWY. SUITE 210**  
CITY-ST-ZIP **BOCA RATON, FL 33431**

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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

**SCHRAMM**

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

**4/30/03**

Date

**561-703-9730**

Daytime Phone #

CR2E083 (10/02)