


**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90044 041 \*\*\*\*50.00

<b>DOCUMENT # L02000008489</b>			
1. Entity Name <b>ANISE COSMETICS, LLC</b>			
Principal Place of Business <b>2110 KEYSTONE BLVD. NORTH MIAMI FL 33181</b>		Mailing Address <b>2110 KEYSTONE BLVD. NORTH MIAMI FL 33181</b>	
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 <b>33-1011193</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent <b>A1A CORPORATE SERVICES INC. 218 SOUTHERN COUNTRY LANE QUINCY FL 32351</b>		7. Name and Address of New Registered Agent Name <b>A1A Registered Agent, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>25 S.E. 200 Avenue Suite 1036</b> City <b>Miami</b> FL Zip Code <b>33131</b>	
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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  **PAUL SMITH, Vice President** 03-06-02  
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		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WALLACH, NEAL 2110 KEYSTONE BLVD. NORTH MIAMI FL 33181</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM TRAN, TAM 2110 KEYSTONE BLVD. NORTH MIAMI FL 33181</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **NEAL WALLACH** 2/5/03 305-895-9585  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)

ATTACHMENT

30052110

L02000008489



**A1A FAX COVERSHEET**

DATE: 04-04-03  
TO: **DIVISION OF CORPORATIONS  
Uniform Business Report Filings**  
FROM: A1A CORPORATE SERVICES

PLEASE NOTE THAT ALL THE UNIFORM BUSINESS REPORTS ARE  
ENCLOSED **HAVE CHANGED THEIR REGISTERED AGENT NAME AND  
ADDRESS** TO THE FOLLOWING:

**A1A REGISTERED AGENT INC.  
25 S.E. 2<sup>ND</sup> AVENUE SUITE 1036  
MIAMI, FL 33131**

IF YOU HAVE ANY QUESTIONS YOU CAN CONTACT US AT 1 877 527 3463.

REGARDS,  
**A1A CORPORATE SERVICES**