Amended

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
02 JUL -1 AM 10: 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-07/16/02--01041--001
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DOCUMENT # L67337

1. Entity Name
International Pharmaceuticals and Cosmetics, Inc.

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2. Principal Place of Business	3. Mailing Address
1850 NW 69th Avenue	Same
Suite, Apt. #, etc. Suite 1	Suite, Apt. #, etc.
City & State PLantation, FL	City & State
Zip 33313 Country USA	Zip Country

4. FEI Number 65-0202313 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: David Mundschenk
Street Address (P.O. Box Number is Not Acceptable): 504 SE 2nd Avenue
City: Dania Beach FL Zip Code 33004

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	P, CEO, D
NAME	Suzanne Mundschenk
STREET ADDRESS	504 SE 2nd Avenue
CITY-ST-ZIP	Dania Beach, FL 33004
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Suzanne Mundschenk, CEO 6/3/02 (954) 321-5553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #