

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000000 439**

1. Entity Name  
**OFRA COSMETICS LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL -7 AM 9:25

*mf*

Principal Place of Business Mailing Address

2. Principal Place of Business  
**2200 N.W. 32 ST.**  
Suite, Apt. #, etc.  
**SUITE 200**  
City & State  
**POMPANO BEACH**  
Zip  
**33069** Country  
**U.S.A.**

3. Mailing Address  
**P.O. BOX 2449**  
Suite, Apt. #, etc.  
**FT. LAUDERDALE**  
City & State  
**FT. LAUDERDALE**  
Zip  
**33303** Country  
**U.S.A.**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-3556109**

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  
Name  
**DAVID G. MURRAY**  
Street Address (P.O. Box Number is Not Acceptable)  
**321 S.E. 15 AVE.**  
City  
**FT. LAUDERDALE** FL Zip Code  
**33303**

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 \_\_\_\_\_ (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

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>OFRA GAITO</b><br><b>35 PELICAN DRIVE</b><br><b>FT. LAUDERDALE FL 33303</b>  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DAVID GAITO</b><br><b>35 PELICAN DRIVE</b><br><b>FT. LAUDERDALE FL 33303</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>100003321341--3</b><br><b>-07/12/00--01073--029</b><br><b>*****55.00 *****55.00</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: *[Signature]* **President** **7.3.00** **954-9786688**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

013 (11/98)