

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000439

1. Entity Name
OFRA COSMETICS, LLC

FILED

01 APR 23 PM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2200 N.W. 32ND STREET, SUITE 200
POMPANO BEACH FL 33069

Mailing Address
P.O. BOX 2449
FT. LAUDERDALE FL 33303



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 59-3556109

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAITO, OFRA

~~450 EAST LAS OLAS BLVD., SUITE 140~~ 2200 NW 32 Street
~~FT. LAUDERDALE FL 33301~~ Suite # 200
Pompano Bch, FL 33069

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

3-19-07

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME GAITO, OFRA
STREET ADDRESS ~~05 PELICAN DRIVE~~ 510 NW 107 Ave
CITY-ST-ZIP ~~FT. LAUDERDALE FL 33303~~ Plantation FL 33324

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

TITLE MGRM ☐ Delete
NAME GAITO, DAVID
STREET ADDRESS ~~05 PELICAN DRIVE~~ 510 NW 107 Ave
CITY-ST-ZIP ~~FT. LAUDERDALE FL 33303~~ Plantation FL 33324

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (11/00)

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