

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90063 046 ****50.00

DOCUMENT # L99000000439

1. Entity Name
OFRA COSMETICS, LLC



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**

20021605



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**2200 NW 32 STREET
200**

3. Mailing Address

**2200 NW 32 STREET
200**

City & State
Pompano Bch

City & State
Pompano Bch

Zip Country
FL USA

Zip Country

4. FEI Number **59-3556109**

Applied For
Not Applicable

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

**GAITO, OFRA
2200 NW 32 STREET, SUITE #200
POMPANO BEACH 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. 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

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **GAITO, OFRA**
STREET ADDRESS **510 NW 107 AVE**
CITY-ST-ZIP **PLANTATION FL 33324**

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

TITLE **MGRM** ☐ Delete
NAME **GAITO, DAVID**
STREET ADDRESS **510 NW 107 AVE**
CITY-ST-ZIP **PLANTATION FL 33324**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #

954-978-6688

CR2E083 (10/02)