

**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

3. Mailing Address
2200 NW 32 STREET

Suite, Apt. #, etc.
200

Suite, Apt. #, etc.
200

City & State
Pompano Bch

City & State
Pompano Bch

4. FEI Number **59-3556109**

Applied For
 Not Applicable

Zip Country
FL USA

Zip Country

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

Everything the Same

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	<input type="checkbox"/> Delete
NAME	GAITO, OFRA	
STREET ADDRESS	510 NW 107 AVE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GAITO, DAVID	
STREET ADDRESS	510 NW 107 AVE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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]* **SIGNATURE REQUIRED**

954-978-6688

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

Date

Daytime Phone #

CR2E083 (10/02)