APPROVED

2000 UNIFORM BUSINESS REPORT (UBR)

L99000005830 DOCUMENT # 00 APR 26 PM 4: 07 1. Entity Name JUST FOR ME COSMETICS, L.L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 20423 STATE ROAD 7. #F6 20423 STATE ROAD 7, #F6 BOCA RATON FL 33498-6792 BOCA RATON FL 33498-6797 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE $\omega_{\mathcal{O}\omega}$ 4. FEI Number Applied For City & State City & State 65-0945718 Not Applicable \$5.00 Additional Zip Country Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JUMPINGJAXTAX.COM, INC. Street Address (P.O. Box Number is Not Acceptable) 8551 WEST SUNRISE BLVD. PLANTATION FL 33322-4007 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 10. Addition Change TITLE MGRM ☐ Deleta TITLE 300003249413_; IOSILEVICH, IRINA NAME RAME 20423 STATE ROAD 7, #F6 STREET ADDRESS -05/11/00--01124--009 STREET ADDRESS CITY - ST- ZIP CITY-8T-ZIP BOCA RATON FL 33498-6797 ****50.00 ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY. ST. 71P Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP ■ Addition Change ☐ Deleta TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP (iii) Addition Change TITLE Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change (C) Addition Deteto TITLE mu NAME MAM STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/20/ duoi

Daytime Phone #