

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90086 024 ***150.00

DOCUMENT # *P00000026903*

1. Entity Name

Gisbert Cosmetic, Corp. ✓

Principal Place of Business

Mailing Address

*3150 N. Palm Aire
 BLDG 10 Apt 101
 Pompano Bch FLA 33069*

SAME.

2. Principal Place of Business

3. Mailing Address

SAME

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

AUU45977

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*GERMAN, MARIO D. Esq.
 100 E. Sample Rd. Suite 320
 Pompano Beach FL. 33064*

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 *M. Gisbert Rascon*

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-issuing)

DATE

4/2/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME *Milagros Gisbert*
 STREET ADDRESS *3150 N Palm Aire 33069*
 CITY-ST-ZIP *BLD 10 Apt 101 Pompano Bch FLA*

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
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 CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *M. Gisbert Rascon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01

Date

954-984 0494

Daytime Phone #

CR2E034 (1/1/00)