

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-22-2002 90043 044 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000026903

1. Entity Name

GISBERT COSMETIC, CORP.

Principal Place of Business

3150 N. PALM AIRE
 BLDG 10 APT 101
 POMPANO BEACH FL 33069

Mailing Address

3150 N. PALM AIRE
 BLDG 10 APT 101
 POMPANO BEACH FL 33069

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 NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GERMAN, MARIO D ESQ.
 100 E. SAMPLE RD., STE. 320
 SUITE 320
 POMPANO BEACH FL 33064

Name MILAGROS GISBERT

Street Address (P.O. Box Number is Not Acceptable)

3150 N. PALM AIRE DRIVE #101

City POMPANO BEACH

FL

Zip Code 33069

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 *Milagros Gisbert*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/02

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, 2002 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 D
 NAME MACCIO, MARISOL ☒ Delete
 STREET ADDRESS 1291 S. POWERLINE RD., BAY #11
 CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE D
 NAME GISBERT, MILAGROS ☐ Delete
 STREET ADDRESS 3150 N. PALM AIRE BLDG 10 APT., 101
 CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE P/D
 NAME GISBERT MILAGROS ☒ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: *Milagros Gisbert*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/06/02

Date

954-984-0494

Daytime Phone #

CR2E034 (9/01)