

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000051040

1. Entity Name

~~COSMET REALTY COMPANY OF DELRAY, INC.~~ *NC NOT FILED**Cosmet Company of Delray, Inc.*Principal Place of Business  
3146 N.W. 68 ST.  
FT. LAUDERDALE FL 33309-1206Mailing Address  
3146 N.W. 68 ST.  
FT. LAUDERDALE FL 33309-1206

FILED

02 APR 25 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

65-1108482

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RODRIGUEZ, CLIFTON H C.P.A.

3146 N.W. 68 ST.

FT. LAUDERDALE FL 33309-1206

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

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

(NOTE: Registered Agent signature required when reinstating)

03/06/02

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 State10. 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          | PCEO                  | <input type="checkbox"/> Delete |
| NAME           | CHERISOL, BERNARD     |                                 |
| STREET ADDRESS | P.O. BOX 6028         |                                 |
| CITY-ST-ZIP    | DELRAY BEACH FL 33482 |                                 |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | VCSD                  | <input type="checkbox"/> Delete |
| NAME           | CHERISOL, BERNARD     |                                 |
| STREET ADDRESS | P.O. BOX 6028         |                                 |
| CITY-ST-ZIP    | DELRAY BEACH FL 33482 |                                 |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | RODRIGUEZ, CLIFTON H    |                                 |
| STREET ADDRESS | 3146 N.W. 68 ST.        |                                 |
| CITY-ST-ZIP    | FT. LAUDERDALE FL 33309 |                                 |

|                |                                    |                                                                              |
|----------------|------------------------------------|------------------------------------------------------------------------------|
| TITLE          | Board Advisor                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | RODRIGUEZ, CLIFTON H.              |                                                                              |
| STREET ADDRESS | 3146 N.W. 68 STREET                |                                                                              |
| CITY-ST-ZIP    | FT. LAUDERDALE, FLORIDA 33309-1206 |                                                                              |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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, without prior like empowerment.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-06-02 (954) 321-1518

Date

De/line Phone #