

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

ATX1

DOCUMENT # P01000051040
1. Entity Name Cosmet Company of Delray, Inc.

FILED

09 MAY -1 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 665 S.W. 27th Avenue, Suite No.10 Suite, Apt. #, etc.		3. Mailing Address 3146 NW 68th Street Suite, Apt. #, etc. Suite No.1	
City & State Ft. Lauderdale, Florida		City & State Fort Lauderdale, Florida	
Zip 33312	Country USA	Zip 33309-1206	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1108482	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Bernard B. Cherisol	
Street Address (P.O. Box Number is Not Acceptable) 665 S.W. 27th Avenue	
Suite No.10	
City Fort Lauderdale	FL Zip Code 33312

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  **Bernard B. Cherisol** **1/20/2009**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO/Chairperson Bernard B. Cherisol P.O. Box 6028 Delray Beach, Florida 33482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Advisor/Business Consultant Clifton H. Rodriguez, MPA, CPA, CIA 3146 NW 68th Street, Ste., No.1 Fort Lauderdale, Florida 33309-1206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	300155151483 05/01/09--01064--026 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Bernard B. Cherisol, CEO** **1/20/2009** **(954)321-1818**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #