2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

FILED May 08, 2002 8:00 am Secretary of State **DOCUMENT #** P01000064276 1. Entity Name COSMECEUTICALS, INC. 05-08-2002 90024 049 ***158.75 Principal Place of Business Mailing Address 2100 E. HALLANDALE BEACH BLVD. 2100 E. HALLANDALE BEACH BLVD. SUITE 208 SUITE 208 HALLANDALE BEACH FL 33009 HALLANDALE BEACH FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For <u>01-0634877</u> Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOPEZ-PARDO, HECTOR J Street Address (P.O. Box Number is Not Acceptable) 2100 E. HALLANDALE BEACH BLVD. SUITE 208 HALLANDALE BEACH FL 33009 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE ☐ Change ☐ Addition NAME LOPEZ-PARDO, HECTOR J NAME STREET ADDRESS 2100 E. HALLANDALE BEACH BLVD., SUITE 208 STREET ADDRESS CITY-ST-ZIP HALLANDALE BEACH FL 33009 CITY-ST-ZIP TITLE 4 Delete TITLE ☐ Change ☐ Addition NAME ZENARRUZA, OSCAR E NAME STREET ADDRESS AV JUAN B. JUSTO 2781 STREET ADDRESS CITY-ST-ZIP **BUENOS AIRES OC 1414** CITY-ST-ZIP TITLE Dan a marine of a second of the second of the second --- Delete ~ TITLE NAME LOPEZ, PABLO E NAME 2100 E. HALLANDALE BEACH BLVD., SUITE 208 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HALLANDALE BEACH FL 33009 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME LOPEZ, IGNACIO F NAME 2100 E. HALLANDALE BEACH BLVD., SUITE 208 STREET ADDRESS STREET ADDRESS CITY-ST-ZIE HALLANDALE BEACH FL 33009 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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.

CR2E034 (9/01)