

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90143 042 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P22339**

1. Entity Name

**ESTEE LAUDER SERVICES INC.**

Principal Place of Business

Mailing Address

**CORPORATE CENTER DR**

**7 CORPORATE CENTER DR**

**TAX DEPT**

**ATTN: TAX DEPT**

**NY 11747**

**MELVILLE NY 11747-3115**

**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**13-3488711**

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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

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  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BRESTLE, DANIEL	7 CORPORATE CENTER DR	MELVILLE NY 11747	<input type="checkbox"/>
T	ANUZIS, ANDRIS	7 CORPORATE CENTER DR	MELVILLE NY 11747	<input type="checkbox"/>
CFO	BIGLER, ROBERT G	7 CORPORATE CENTER DR	MELVILLE NY 11747	<input type="checkbox"/>
VPT	GIBIAN, GERALD	7 CORPORATE CENTER DR	MELVILLE NY 11747	<input type="checkbox"/>
AS	PORRETTO, JAMES	7 CORPORATE CENTER DR	MELVILLE NY 11747	<input type="checkbox"/>
D	LAUDER, W P	7 CORPORATE CENTER DRE	MELVILLE FL 11747	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
None Appointed					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					

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:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES PORRETTO**

**ASSISTANT SECRETARY**

Date

Daytime Phone #

4/18/00 631-847-6347

CR2E034 (9/99)