

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37895

1. Entity Name

INTER AMERICAN COSMETICS, INC.

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90001 011 ***550.00

Principal Place of Business

300-1(C) RT 17 SO
LODI NJ 07644
US

Mailing Address

12790 NW LE JEUNE ROAD
OPA-LOCKA FL 33054
US

00001001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4300 N.W. 128TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OPA-LOCKA, FL

4. FEI Number

22-2582997

Applied For

Not Applicable

Zip

Country

Zip

33054

Country

U.S.A.

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

SILBERFARB, BERNARD
12790 N.W. LE JEUNE RD
OPA-LOCKA FL-33054

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SCHLUSSEL, KEVIN
STREET ADDRESS 300-1(C) RT 17 SO
CITY-ST-ZIP LODI NJ

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VTSD
NAME SILBERFARB, PAUL
STREET ADDRESS 12790 NW LE JEUNE RD
CITY-ST-ZIP OPA LOCKA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME ROSENBLUM, BERNARD
STREET ADDRESS 300-1(C) RT 17 SO
CITY-ST-ZIP LODI NJ

☐ Delete

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PAUL SILBERFARB, VP 8/11/00 (305) 687-0700

CR2E034 (5/00)