2002 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2002 8:00 am Secretary of State P93000027429 DOCUMENT # 03-06-2002 90123 031 ***150.00 TREND COSMETICS U. S. A., INC. Principal Place of Business Mailing Address 9061 130TH AVE N #712 101 CRESTWOOD LANE **LARGO FL 33773 LARGO FL 33770** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3176005 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOUTS, R W Street Address (P.O. Box Number is Not Acceptable) 203 HARBOR BLUFF DRIVE **LARGO FL 33770** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. CR2E034 (9/01) TITLE ☐ Delete TITLE BOUWEN, THEO J.G.M. NAME NAME 1688 JH Nibbixwoud, Overspoor 35 1688 JGNIBBIXWQQD, OVERSPOOR(21)POSTBUS35 STREET ADDRESS STREET ADDRESS 1679 ZG MIDWOUD, NETHERLANDS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE 1688 JH Nibbixwoud, Overspoor 35 BOUWEN-VAN TOOR, MAGDALENA M NAME NAME 1688 J@NIBBIXWOOD, OVERSPOOR(21)POSTBUS35 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1679 ZG MIDWOUD, NETHERLANDS CITY-ST-ZIP TITLE. - . . - Delete -TITLE ____Change ____ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

FILED

ieo Bouwen, President SIGNATURE:

CITY-ST-ZIP

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 true 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.

CITY-ST-ZIP