2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

P93000038518 **DOCUMENT #**

Country

6. Name and Address of Current Registered Agent

Zip

RENTA, JEANNETTE

MIAMI FL 33186

10123 S.W. 145TH COURT

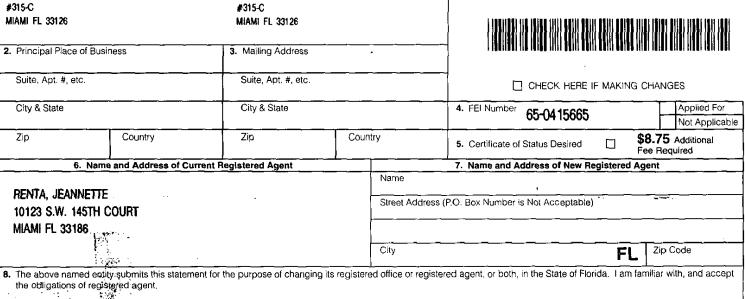
the obligations of registered agent.

1. Entity Name LES NOUVELLES COSMETICS, INC.				
Principal Place of Business 7270 N.W. 12TH STREET #315-C MIAMI FL 33126	Mailing Address 7270 N.W. 12TH STREET #315-C MIAMI FL 33126		d 	
2. Principal Place of Business	3. Mailing Address		1	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		1	
City & State	City & State			

Zip

FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 90137 029 ***150.00



SIGNATURE	Signature, typed of printed name of registered agent and title if applica	iblo (NOTE: R	agietered Agent giogatus	re required when reinstating)	DATE .	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State	ioe. (IVOTE, n	egisiereo Agent Signatur	Election Campaign Financ Trust Fund Contribution.	ing _ \$5.0	00 May Be d to Fees
10.	OFFICERS AND DIRECTORS	3	11.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RENTA Q; FRANK 10123 S.W. 145TH COURT MIAMI FL	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT RENTA, JEANNETTE 10123 S.W. 145TH COURT MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	☐ Addition

Country

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: