

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000054666

1. Entity Name

INTERNATIONAL COSMETICS MARKETING CO.

FILED

Mar 23, 2000 8:00 am  
Secretary of State

03-23-2000 90032 046 \*\*\*150.00

Principal Place of Business

200 EAST LAS OLAS BLVD.  
SUITE 1900  
FT. LAUDERDALE FL 33301

Mailing Address

200 EAST LAS OLAS BLVD.  
SUITE 1900  
FT. LAUDERDALE FL 33301

2. Principal Place of Business

6501 N.W. PARK OF COMMERCE BLD.

3. Mailing Address

Suite, Apt. #, etc.

Suite 205

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33487

Country

USA

Zip

33487

Country

USA

4. FEI Number

65-0598868

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEARLMAN, CHARLES B

350 200 EAST OLAS BLVD.  
SUITE 1900-1700  
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

350 E. LAS OLAS BLVD  
Suite 1700

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, etc. if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/00

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

TITLE D  
NAME PEARLMAN, CHARLES B  
STREET ADDRESS 200 EAST LAS OLAS BLVD. SUITE 1900  
CITY-ST-ZIP FT. LAUDERDALE FL 33301 ☒ Delete

TITLE D  
NAME BEILLY, ROXANNE  
STREET ADDRESS 200 EAST LAS OLAS BLVD. SUITE 1900  
CITY-ST-ZIP FT. LAUDERDALE FL 33301 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D  
NAME STEPHANIE MCANLY ☒ Change ☐ Addition  
STREET ADDRESS 6501 N.W. PARK OF COMMERCE BLD #205  
CITY-ST-ZIP BOCA RATON FL 33487

TITLE CFO/D  
NAME CELESTINE (SONNY) F. SPIDEN ☒ Change ☐ Addition  
STREET ADDRESS 6501 N.W. PARK OF COMMERCE BLD #205  
CITY-ST-ZIP BOCA RATON FL 33487

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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 #

3/21/00 954-763-1200