

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000078954

1. Entity Name

RICH'S COSMETICS INCORPORATED

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90076 050 \*\*\*150.00

Principal Place of Business

2545 E SUNRISE BLVD  
 #200  
 FT LAUDERDALE FL 33304  
 US

Mailing Address

2545 E SUNRISE BLVD  
 #200  
 FT LAUDERDALE FL 33304-3203  
 US

2. Principal Place of Business

3901 S. OCEAN DR.  
 Suite, Apt. #, etc.  
 1-K

3. Mailing Address

3901 S. OCEAN DR.  
 Suite, Apt. #, etc.  
 1-K

City & State

Hollywood, FL  
 Zip Country  
 33019 USA

City & State

Hollywood, FL  
 Zip Country  
 33019 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0621803

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

DANZEY, JOHN  
 2545 E SUNRISE BLVD, #200  
 FT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

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

3901 S. Ocean Dr. Ste 1K  
 City Hollywood FL Zip Code 33019

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

W. P. Rich

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-00

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	V	<input checked="" type="checkbox"/> Delete
NAME	SHELLEY, ERIC J	
STREET ADDRESS	2545 E SUNRISE BLVD, #200	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	RICH, WILLARD P	
STREET ADDRESS	2545 E SUNRISE BLVD, #200	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DANZEY, JOHN	
STREET ADDRESS	2450 HOLLYWOOD BLVD.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

W. P. Rich  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-00 954-232-4785