2001 UNIFORM BUSINESS REPORT (UBR) May 02, 2001 8:00 am Secretary of State DOCUMENT # P95000078954 1. Entity Name RICH'S COSMETICS INCORPORATED 05-02-2001 90134 012 ***150.00 Principal Place of Business Mailing Address 3901 S. OCEAN DR. 3901 S. OCEAN DR. HOLLYWOOD FL 33019 HOLLYWOOD FL 33019 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0621803 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6: Name and Address of Current Registered Agent. DANZEY, JOHN Street Address (P.O. Box Number is Not Acceptable) 2545 E SUNRISE BLVD. #200 FT LAUDERDALE FL 33304 Zip Code うるい 40 LLYWOOD 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. 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, 2001 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 11. OFFICERS AND DIRECTORS 12. Change | ☐ Addition M Delete TITLE SHELLEY, ERIC J NAME STREET ADDRESS 2545 E SUNRISE BLVD, #200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33304 TITLE CEO ☐ Delete TITLE Change 🔀 RICH, WILLARD P KICH, WILLARD NAME NAME #1-K STREET ADDRESS STREET ADDRESS 2545 E SUNRISE BLVD, #200 CITY-ST-7IP CITY-ST-ZIP FT LAUDERDALE FL 33304 TITLE Change M Addition TITLE Delete DANZEY, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 2450 HOLLYWOOD BLVD. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change TITLE Delete TITLE Addition NAME NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE: LO HALL W.P.RICH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME

4-27-01 954-454991

☐ Change

☐ Addition