

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000025354

1. Entity Name

K & G PERMANENT MAKE-UP, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90308 028 \*\*\*150.00

Principal Place of Business

263 COMMERCIAL BOULEVARD  
LAUDERDALE BY THE SEA FL 33808

Mailing Address

263 COMMERCIAL BOULEVARD  
LAUDERDALE BY THE SEA FL 33308-4418

004440

2. Principal Place of Business

218 Commercial Blvd.

3. Mailing Address

218 Commercial Blvd.

Suite, Apt. #, etc.

208-0

Suite, Apt. #, etc.

208-0

City & State

LAUDERDALE BY THE SEA

City & State

LAUDERDALE BY THE SEA

Zip

33308

Country

USA

Zip

33308

Country

USA

4. FEI Number

59-3369807

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	PD	<input type="checkbox"/> Delete
NAME	BRANDT, GLORIA L	
STREET ADDRESS	263 COMMERCIAL BOULEVARD	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33808	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LORENZINI, KATHRYN M	
STREET ADDRESS	263 COMMERCIAL BOULEVARD	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33808	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BRANDT, ELAINE D	
STREET ADDRESS	263 COMMERCIAL BOULEVARD	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33808	
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
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Gloria L. Brandt Pres.* **GLORIA L. BRANDT** - 1/10/2000  
954-202-5956

CR2E034 (9/99)