

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000030044

1. Entity Name
COLORLAB COSMETICS INC.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90161 026 ***150.00

Principal Place of Business
2825 E OAKLAND PARK BLVD
FORT LAUDERDALE FL 33306
US

Mailing Address
2825 E OAKLAND PARK BLVD
FORT LAUDERDALE FL 33306
US

733125



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0657514

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~STAPLETON~~
~~SCHILLING, KATHLEEN~~
1111 WAVERLY RD
FORT LAUDERDALE FL 33306

Name Kathleen Stapleton
Street Address (P.O. Box Number is Not Acceptable)
1328 NE 13th Ave
City Ft. Lauderdale FL 33304

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 Kathleen Stapleton

Kathleen Stapleton

1/13/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME SWAAB, MARY
STREET ADDRESS 4139 OAK LANE
CITY-ST-ZIP ROCKFORD IL ☐ Delete

TITLE Pres.
NAME MARY SWAAB
STREET ADDRESS 4139 OAK LANE RD
CITY-ST-ZIP ROCKFORD IL 61104 ☒ Change ☐ Addition

TITLE P
NAME SCHILLING, KATHLEEN
STREET ADDRESS 1111 WAVERLY RD
CITY-ST-ZIP FORT LAUDERDALE FL 33312 ☐ Delete

TITLE VP
NAME Kathleen Stapleton
STREET ADDRESS 1328 NE 13th Ave
CITY-ST-ZIP Ft. Lauderdale FL 33304 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE TRES.
NAME MARY OLSON
STREET ADDRESS 2017 OXFORD
CITY-ST-ZIP ROCKFORD IL 61103 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Sec.
NAME JASON BUELL
STREET ADDRESS 1708 POST AVE
CITY-ST-ZIP ROCKFORD IL 61103 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

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

2/5/01 815 965-2001
Date Daytime Phone #

CFR2034 (10/00)