2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 04, 2000 8:00 am Secretary of State DOCUMENT # P96000046464 1. Entity Name JAFRA, CORP. 05-04-2000 90139 046 ***150.00 Mailing Address Principal Place of Business 601 BRICKELL KEY DR 9350 SOUTHWEST 83RD COURT SUITE 805 MIAMI FL 33190 MIAMI FL 33131-2649 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0739182 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALLEN & GALEGO Street Address (P.O. Box Number is Not Acceptable) **601 BRICKELL KEY SUITE 805** MAIMI FL 33131 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ΡŊ Change ☐ Addition TITLE ☐ Delete TITLE BRANDT, FRANTZ NAME NAME 601 BRICKELL KEY DR,#805 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE ALLEN, ROBERT N JR NAME 601 BRICKELL KEY DR,#805 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** ☐ Addition VPTD ☐ Change ☐ Delete TITLE TITLE BRANDT, JANINE NAME NAME 601 BRICKELL KEY DR #805 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-ZIP ☐ Change Addition SD TITLE Delete LARCO, KATHLEEN NAME NAME 601 BRICKELL KEY DR STE 805 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby certify that the information supplied with this filling 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 pustee 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE NAME

STREET ADDRESS

HAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition