

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000065420

1. Entity Name

COSMECEUTICAL LABORATORIES, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90057 037 ***150.00

Principal Place of Business

1111 PARK CENTER #102
MIAMI FL 33169

Mailing Address

1111 PARK CENTER #102
MIAMI FL 33169-5365

2. Principal Place of Business

1111 PARK CENTER BLVD

Suite, Apt. #, etc.

SUITE 360

City & State

MIAMI FL

Zip

33169

Country

3. Mailing Address

1111 PARK CENTER BLVD

Suite, Apt. #, etc.

SUITE 360

City & State

MIAMI FL

Zip

33169

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0686484

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAURENCE, JODI
7777 GLADES ROAD #300
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is 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	D	<input type="checkbox"/> Delete
NAME	GREENE, RICHARD M.D.	
STREET ADDRESS	201 N.W. 82ND AVENUE #501	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILENTZ, JOEL M.D.	
STREET ADDRESS	2100 E. HALLANDALE BEACH BLVD. #205	
CITY-ST-ZIP	HALLANDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAGENER, DAVID	
STREET ADDRESS	1111 PARK CENTER #102	
CITY-ST-ZIP	MIAMI FL 33169	
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID WAGENER

Date

Daytime Phone #

1/6/99 305-623-5595

CR2E034 (9/99)