

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State
 01-26-2001 90055 028 ***150.00

DOCUMENT # P97000006077

1. Entity Name
SPARKY COSMETICS, INC.

Principal Place of Business 550 BILTMORE WAY., SUITE 870 CORAL GABLES FL 33134 US	Mailing Address 550 BILTMORE WAY., SUITE 870 CORAL GABLES FL 33134 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0725115	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRANDT, FREDRIC S
 550 BILTMORE WAY., SUITE 870
 CORAL GABLES FL 33134**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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, 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

<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BRANDT, FREDRIC S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>550 BALTIMORE WAY, STE. 870</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES FL 33134</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	BRANDT, FREDRIC S		STREET ADDRESS	550 BALTIMORE WAY, STE. 870		CITY-ST-ZIP	CORAL GABLES FL 33134		<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Brandt, Fredric S.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>550 Biltmore Way, Ste 870</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Coral Gables FL 33134</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Brandt, Fredric S.		STREET ADDRESS	550 Biltmore Way, Ste 870		CITY-ST-ZIP	Coral Gables FL 33134	
TITLE	D	<input type="checkbox"/> Delete																							
NAME	BRANDT, FREDRIC S																								
STREET ADDRESS	550 BALTIMORE WAY, STE. 870																								
CITY-ST-ZIP	CORAL GABLES FL 33134																								
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME	Brandt, Fredric S.																								
STREET ADDRESS	550 Biltmore Way, Ste 870																								
CITY-ST-ZIP	Coral Gables FL 33134																								

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

Fredric S. Brandt M.D.

Date

Daytime Phone #

1-17-01 (305) 443-6006

CR2E034 (10/00)