

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State
 05-30-2000 90106 031 ***150.00

DOCUMENT # 997000087905
1. Entity Name
 Prima Facie Cosmetics Inc.

Principal Place of Business **Mailing Address**

2. Principal Place of Business
 186 East Blue Heron
 Suite, Apt. #, etc.
 #10
 City & State
 Riviera Beach FL
 Zip
 33404
 Country
 USA

3. Mailing Address
 P.O. Box 14051
 Suite, Apt. #, etc.
 City & State
 North Palm Beach FL
 Zip
 33408
 Country
 USA

80101891

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Spiegel & Utrera PA
 343 Almeria Avenue
 Coral Gables, FL 33134

4. FEI Number 650727061
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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	President	<input type="checkbox"/> Delete
NAME	Robert Angelstein	
STREET ADDRESS	186 East Blue Heron Blvd	
CITY-ST-ZIP	Riviera Beach FL 33404	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Robert Angelstein	
STREET ADDRESS	186 East Blue Heron Blvd	
CITY-ST-ZIP	Riviera Beach FL 33404	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Robert Angelstein	
STREET ADDRESS	186 East Blue Heron Blvd	
CITY-ST-ZIP	Riviera Beach FL 33404	
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		

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: Robert Angelstein President 5/5/00 561-844-4968
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)