

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
 05-24-2002 91339 003 ***150.00

DOCUMENT #

1. Entity Name

Lysdane Cosmetics Inc P97000037905

Principal Place of Business

186 EAST BLUE HERON BOULEVARD
 UNIT 11
 RIVIERA BEACH FL 33404

Mailing Address

186 EAST BLUE HERON BOULEVARD
 UNIT 11
 RIVIERA BEACH FL 33404

2. Principal Place of Business

301 Clematis St
 Suite, Apt. #, etc.
 Suite 3000

3. Mailing Address

301 Clematis St
 Suite, Apt. #, etc.
 Suite 3000

City & State

West Palm Beach FL

City & State

West Palm Beach FL

Zip

33401

Country

US

Zip

33401

Country

US

4. FEI Number

65-072706.1

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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)

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FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

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\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PSTD
 NAME DINGELDEIN, ROBERT JR.
 STREET ADDRESS 186 EAST BLUE HERON BOULEVARD UNIT 11
 CITY-ST-ZIP RIVIERA BEACH FL 33404

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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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 Dingeldein
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01

Date

561-845-9815

Daytime Phone #

CR2E034 (9/01)