

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000002039

1. Entity Name

DEAD SEA PREMIER COSMETICS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90477 047 ***150.00

Principal Place of Business

Mailing Address

3174 PEMBROKE RD.
PEMBROKE PARK FL 33009

3174 PEMBROKE RD.
PEMBROKE PARK FL 33009-2017

2. Principal Place of Business

3. Mailing Address

708 S. Dixie Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hallandale, Florida

City & State

4. FEI Number

65-0868184

Applied For

Not Applicable

Zip

33009

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMIR, OFER
8751W BROWARD BLVD
STE 305
PLANTATION FL 35324

Name

Ofer Amir

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

1301 NE Miami Gardens Dr.

City

N. Miami Beach

FL

Zip Code

33179

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 of person printing name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Ofer Amir Attorney

1/24/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME GRANOVSKY, ALON
STREET ADDRESS 3174 PEMBROKE RD.
CITY-ST-ZIP PEMBROKE PARK FL 33009

TITLE Director ☐ Change ☒ Addition
NAME Yaron Cohen
STREET ADDRESS 708 S. Dixie Highway
CITY-ST-ZIP Hallandale, Florida 33009

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Yaron Cohen, Director

Date

Daytime Phone #

954.453.5192