

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

08-01-2001 90200 020 ***150.00

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1. Entity Name

DEAD SEA PREMIER COSMETICS, INC.

(LA)

Principal Place of Business

708 S. DIXIE HWY.
 PEMBROKE PARK FL 33009

Mailing Address

3174 PEMBROKE RD.
 PEMBROKE PARK FL 33009

D0060481



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2500 E. Hallandale Beach Blvd

3. Mailing Address

2500 E. Hallandale Beach Blvd

Suite, Apt. #, etc.

500

Suite, Apt. #, etc.

500

City & State

Hallandale Beach FL

City & State

Hallandale Beach FL

Zip

33009

Country

USA

Zip

33009

Country

USA

4. FEI Number

65-0868184

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

AMIR, OFER

8751W BROWARD BLVD

STE 305

PLANTATION FL 35324

7. Name and Address of New Registered Agent

Name

O. M. Amir

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

2500 E. Hallandale Beach Blvd

Suite 501

City Hallandale Beach

FL

Zip Code

33009

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.

O. M. Amir, R.A.

(NOTE: Registered Agent signature required when reinstating)

7/26/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
 NAME GRANOVSKY, ALON ☒ Delete
 STREET ADDRESS 3174 PEMBROKE RD.
 CITY-ST-ZIP PEMBROKE PARK FL 33009

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition
 NAME Ron Cohen
 STREET ADDRESS 2500 E. Hallandale Beach Blvd. Suite 501
 CITY-ST-ZIP Hallandale Beach, FL 33009

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

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

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

7/26/01

Date

954-455-5790

Daytime Phone #

CR2E034 (5/01)