

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90138 014 ***150.00

DOCUMENT # P98000039105

1. Entity Name
JOE BLASCO MAKEUP CENTER EAST, INC.



Principal Place of Business
7340 GREENBRIAR PARKWAY
ORLANDO FL 32819

Mailing Address
1670 HILLHURST AVE
LOS ANGELES CA 90027

2. Principal Place of Business

5422 CARRIER DRIVE

3. Mailing Address

1670 HILLHURST AVE

Suite, Apt. #, etc.

SUITE 304

Suite, Apt. #, etc.

LOS ANGELES, CA

City & State

ORLANDO FL

City & State

LOS ANGELES, CA

Zip

32819

Country

USA

Zip

90027

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3517793

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLASCO, JOE
7340 GREENBRIAR PARKWAY
ORLANDO FL 32819

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 entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

05.01.03

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BLASCO, JOSEPH D 7340 GREENBRIAR PARKWAY ORLANDO FL 32819	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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

Date

Daytime Phone #

Signature: [Signature] / Controller / 05.01.03 / 322.674.1088

CR2E034 (10/02)