

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 12, 2000 8:00 am
Secretary of State

05-12-2000 90048 024 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000039867

1. Entity Name

KIZAZI COSMETICS, INC.

Principal Place of Business

Mailing Address

BOX 848938
HOLLYWOOD FL 33084

PO BOX 848938
HOLLYWOOD FL 33084-0938

2. Principal Place of Business

1802 N. University Drive

Suite, Apt. #, etc.

255

City & State

Plantation, FL

Zip

33322

Country

USA

3. Mailing Address

1802 N. University Drive

Suite, Apt. #, etc.

255

City & State

Plantation, FL

Zip

33322

Country

USA

4. FEI Number

65-0834513

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERSH, BRIAN R
19 WEST FLAGLER STREET SUITE 602
BISCAYNE BUILDING
MIAMI FL 33130-4477

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	D	<input type="checkbox"/> Delete
NAME	MCCALLA, LESLIE G	
STREET ADDRESS	PO BOX 848938 N/A	
CITY-ST-ZIP	HOLLYWOOD FL 33084	
TITLE	P	<input type="checkbox"/> Delete
NAME	MCCALLA, MELINDA N	
STREET ADDRESS	PO BOX 848938	
CITY-ST-ZIP	HOLLYWOOD FL 33084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McCalla McCALLA, Leslie G.	
STREET ADDRESS	1802 N. University Dr., #255	
CITY-ST-ZIP	Plantation, FL 33322	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McCalla, Melinda N.	
STREET ADDRESS	1802 N. University Dr., #255	
CITY-ST-ZIP	Plantation, FL 33322	
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:

Melinda McCalla Melinda McCalla 4/27/00 (954)424-6222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)