

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000058455

1. Entity Name

121 COSMETICS CORPORATION

Principal Place of Business

1360 COLLINS AVENUE
SUITE 301
MIAMI BEACH FL 33139

Mailing Address

1360 COLLINS AVENUE
SUITE 301
MIAMI BEACH FL 33139-4242

2. Principal Place of Business

235 Lincoln Rd

Suite, Apt. #, etc.

Suite 312

City & State

Miami Beach, FL

Zip

33139

Country

US

3. Mailing Address

235 Lincoln Rd

Suite, Apt. #, etc.

Suite 312

City & State

Miami Beach, FL

Zip

33139

Country

US

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90294 026 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0848112

Applied For

Not Applicable

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

OTANI, MICHIKO
4421 SW 75TH AVE
MIAMI FL 33155

Name

OTANI, MICHIKO

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

300-17th

#204

City

Miami Beach

FL

Zip Code

33139

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

MICHIKO OTANI

(NOTE: Registered Agent signature required when reinstating)

4/26/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	OTANI, MICHIKO	
STREET ADDRESS	4421 SOUTHWEST 75TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	SVD	<input checked="" type="checkbox"/> Delete
NAME	PRADO, ALEXANDER	
STREET ADDRESS	4421 SOUTHWEST 75TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33155	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTANI, MICHIKO	
STREET ADDRESS	300-17th #204	
CITY-ST-ZIP	Miami Beach FL 33139	
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		
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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: MICHIKO OTANI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2000

Date

(305)

673-5065

Daytime Phone #