

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90096 002 \*\*\*150.00

**DOCUMENT # P98000059583**

1. Entity Name

**D/FLAWLESS, INC.**

Principal Place of Business

Mailing Address

12635 NORTHWEST 14TH STREET  
 CORAL SPRINGS FL 33071

12635 NORTHWEST 14TH STREET  
 CORAL SPRINGS FL 33071-5441

010049

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0854448**

Applied For

Not Applicable

Zip

Country

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

**KAHN, DONALD J**  
**317 71ST STREET**  
**MIAMI BEACH FL 33141**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARDER, ALEX	
STREET ADDRESS	939 CENTRAL AVENUE	
CITY-ST-ZIP	HIGHLAND PARK IL 60035	
TITLE	VD	<input type="checkbox"/> Delete
NAME	YAMPOLSKY, MICHAEL	
STREET ADDRESS	12635 NORTHWEST 14TH STREET	
CITY-ST-ZIP	MIAMI BEACH FL 33071	
TITLE	STD	<input type="checkbox"/> Delete
NAME	POKRASS, BORIS	
STREET ADDRESS	260 EAST CHESTNUTT STREET #3805	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Michael Yampolsky* **SIGNATURE REQUIRED**  
 Date: *1/26/00* Daytime Phone #: *954-429-988*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #