

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085243

1. Entity Name
KISS & MAKEUP, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90021 008 ***150.00

Principal Place of Business
1402 E. LAS OLAS BLVD.
SUITE 1077
FORT LAUDERDALE FL 33301

Mailing Address
1402 E. LAS OLAS BLVD.
SUITE 1077
FORT LAUDERDALE FL 33301-2336

ADD18093

PROD



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
2556 B. East Sunrise
Fort Lauderdale Fla
33304
City & State
Zip

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0868416** 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

INGLIS, RICHARD K. ESQ.
SUITE 320, INTERNATIONAL BUILDING
2455 EAST SUNRISE BLVD.
FORT LAUDERDALE FL 33304

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	BEHAR, SUSAN	
STREET ADDRESS	1402 E. LAS OLAS BLVD. SUITE 1077	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KISS & MAKEUP	
STREET ADDRESS	SUSAN BEHAR	
CITY-ST-ZIP	2556 B. East Sunrise BLVD	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fort Lauderdale Fla	
STREET ADDRESS		
CITY-ST-ZIP	33304	
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 of trust be 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]* **President** Date **954-537357**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #