

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90076 024 ***150.00

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1. Entity Name
COSMETIC, FOOD & PHARMACEUTICAL SUPPLIES USA, IN C.



Principal Place of Business
**7805 LAUREL OAK LANE
KISSIMMEE FL 34747**

Mailing Address
**P. O. BOX 470535
CELEBRATION FL 34747**

2. Principal Place of Business
11420 ARBORSIDE BEND Way

3. Mailing Address
P.O. Box 2320

Suite, Apt. #, etc.
GLENMUIR

Suite, Apt. #, etc.

City & State
WINDERMERE

City & State
WINDERMERE

Zip
34786

Country
USA

Zip
34786

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3544021**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BYRD & GANTT CPAS PA
3355 W VINE ST
STE 102
KISSIMMEE FL 34741**

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. 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

**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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
KHOURY, TED A
7805 LAUREL OAK LANE
KISSIMMEE FL 34747** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
KHOURY, TED A
11420 ARBORSIDE BEND Way
WINDERMERE, 34786, FL** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
HENRIETTE KHOURY
11420 ARBORSIDE BEND Way
WINDERMERE, 34786, FL** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/03

Date

407-8762440

Daytime Phone #

CR2E034 (10/02)