## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** Aug 11, 2000 8:00 am Secretary of State DOCUMENT # P99000065412 FACE MAKEUP, INC. 08-11-2000 90053 020 \*\*\*150.00 Principal Place of Business Mailing Address 21224 HARBOR WAY, VILLA 231 21224 HARBOR WAY, VILLA 231 AVENTURA FL 33180 AVENTURA FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILK, LYORA Street Address (P.O. Box Number is Not Acceptable) 21224 HARBOR WAY, VILLA 231 AVENTURA FL 33180 Zip Code City 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition President Delete TITLE TITLE NAME NAME Lyora Wilk alay Harbor Way Villa 231 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Huentona G ☐ Addition ☐ Delete ☐ Change Vice-Acsident TITLE Deborah Carroccio NAME NAME 21224 Harbor Way STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami - Change -TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

## Barrist & Barrist, P.A.

Certified Public Accountants

Affockment DH PAGUE 065412 DW 78361

5500 S. Flamingo Rd. • Suite 203 Cooper City, FL 33330 Telephone (954) 252-1234 • Facsimile (954) 252-1255

Glenn Barrist Beth D. Barrist

Member FICPA

August 1, 2000

Florida Department of State Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Face Makeup, Inc. EIN: 65-0936937

Dear Sirs:

I am writing on behalf of the above-named taxpayer. The year 2000 is the first full tax year of the taxpayer. They were unaware of the requirement to file the annual report prior to May 1, 2000 and they did not receive the Uniform Business Report which should have been sent to them in early 2000. Therefore, the first time that they became aware of a filing requirement was upon receiving the second notice. Enclosed, please find a check for \$150.00 representing the fee which would have been paid had the taxpayer received the original report. Please accept this as payment for the 2000 year.

If you have any questions, please contact me at (954)252-1234. Thank you for your attention to this matter.

Very Truly Yours,

Beth D. Barrist, CPA Barrist & Barrist, P.A.

Certified Public Accountants

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BDB/jr