

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

6-16-00

DOCUMENT # P99000073552

Entity Name
MAYCO COSMETICS, INC.

FILED

00 JUN 16 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7981 S. FRENCH DR.
PINES FL 33024

Mailing Address
7981 S. FRENCH DR.
PEMBROKE PINES FL 33024-6861

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE
05/15/00 90171 001 150.00
APPLIED FOR
4. FRI Number
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SIMMONS, STEPHEN J.
321 S.E. 15TH AVE.
FT. LAUDERDALE FL 33301

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.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is 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 NAME STREET ADDRESS CITY-ST-ZIP	PD COREY, RICHARD 7981 S. FRENCH DR. PEMBROKE PINES FL 33024	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COREY, MAY YAZJI 7981 S. FRENCH DR. PEMBROKE PINES FL 33024	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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
Richard P. Corey
4/14/00 (954) 875863

CR21034 (9/99)

6/16