

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/23

**FILED**  
**Jun 27, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90110 039 \*\*\*150.00

**DOCUMENT # P99000073552**

1. Entity Name  
**MAYCO COSMETICS, INC.**

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

Mailing Address  
**351 SW 187 AVE**  
**PEMBROKE PINES FL 33029**

95136



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**APPLIED FOR**

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

**SIMMONS, STEPHEN J**  
**321 S.E. 15TH AVE.**  
**FT. LAUDERDALE FL 33301**

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, 2002 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** ☐ Delete  
 NAME **COREY, RICHARD**  
 STREET ADDRESS **351 SW 187 AVE**  
 CITY-STATE-ZIP **PEMBROKE PINES FL 33029**

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

TITLE **VD** ☐ Delete  
 NAME **COREY, MAY YAZJI**  
 STREET ADDRESS **351 SW 187 AVE**  
 CITY-STATE-ZIP **PEMBROKE PINES FL 33029**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-STATE-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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment

#P99000073552

Form **SS-4**  
(Rev. December 2001)  
Department of the Treasury  
Internal Revenue Service

**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN

OMB No. 1545-0003

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested

MAYCO COSMETICS, INC.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)

351 SW 187 AVE

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code

Pembroke Pines, FL 33029

5b City, state, and ZIP code

6 County and state where principal business is located

Broward, Florida

7a Name of principal officer, general partner, grantor, owner, or trustee

Richard Corey

7b SSN, ITIN, or EIN

266085647

8a Type of entity (check only one box)

☐ Sole proprietor (SSN)☐ Partnership☒ Corporation (enter form number to be filed) ▶ Form SS-4☐ Personal service corp.☐ Church or church-controlled organization☐ Other nonprofit organization (specify) ▶☐ Other (specify) ▶☐ Estate (SSN of decedent)☐ Plan administrator (SSN)☐ Trust (SSN of grantor)☐ National Guard☐ State/local government☐ Farmers' cooperative☐ Federal government/military☐ REMIC☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

Florida

Foreign country

N/A

9 Reason for applying (check only one box)

☒ Started new business (specify type) ▶ FRAGRANCES

MAKE UP

☐ Hired employees (Check the box and see line 12.)☐ Compliance with IRS withholding regulations☐ Other (specify) ▶☐ Banking purpose (specify purpose) ▶☐ Changed type of organization (specify new type) ▶☐ Purchased going business☐ Created a trust (specify type) ▶☐ Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year)

6/99

11 Closing month of accounting year

Dec.

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

N/A

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-."

Agricultural

Household

Other

14 Check one box that best describes the principal activity of your business.

☐ Construction☐ Rental & leasing☐ Transportation & warehousing☐ Accommodation & food service☐ Wholesale-agent/broker☐ Real estate☐ Manufacturing☐ Finance & insurance☐ Other (specify)☒ Wholesale-other☐ Retail

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.

PERFUME, MAKE UP

16a Has the applicant ever applied for an employer identification number for this or any other business?

Note: If "Yes," please complete lines 16b and 16c.

☒ Yes☐ No

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.

Legal name ▶

Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

City and state where filed

Previous EIN

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name

Designee's telephone number (include area code)

Address and ZIP code

Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ Richard Corey, President

Applicant's telephone number (include area code)

(954) 401-5707

Signature ▶ Richard Corey, Pres

Date ▶ 6/19/02

Applicant's fax number (include area code)

(954) 252-6148

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 18055N

Form SS-4 (Rev. 12-2001)