

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State
 03-20-2000 90002 024 ***150.00

DOCUMENT # **P990000 92662**
 Entity Name **KVS Cosmetics Inc**

Principal Place of Business **2235 West 77 ST**
Hialeah, FL 33016

Principal Place of Business **2235 West 77 ST**
 Suite, Apt. #, etc.

City & State **Hialeah FL**
 Zip **33016** Country **Dade**

4. FEI Number **65-0959434**
 Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Fernando Harry Rivas
2235 West 77 ST
Hialeah FL 33016

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]** DATE **03-14-00**
 (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 PT	NAME Fernando Harry Rivas	☒ Delete	TITLE DP	NAME Edilberto Jiron	☐ Change ☒ Addition
STREET ADDRESS 2235 West 77 ST			STREET ADDRESS 2235 W 77 ST		
CITY-ST-ZIP Hialeah FL 33016			CITY-ST-ZIP Hialeah FL 33016		
TITLE VPS	NAME Miguel Mata	☒ Delete	TITLE VPT	NAME Fernando Harry Rivas	☐ Change ☒ Addition
STREET ADDRESS 2235 W 77 ST			STREET ADDRESS 2235 W 77 ST		
CITY-ST-ZIP Hialeah FL 33016			CITY-ST-ZIP Hialeah FL 33016		
TITLE	NAME	☐ Delete	TITLE VPS	NAME Hevert Jiron	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS 2235 W 77 ST		
CITY-ST-ZIP			CITY-ST-ZIP Hialeah FL 33016		
TITLE	NAME	☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE		☐ Change ☐ Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** DATE **03/14/00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR