

T00000001008

Maricel Hernandez
Requester's Name

1801 SW 107 Ave., # 2503
Address

Miami, FL 33165
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

500003323915-8
-07/14/00-01084-010
****175.00 ****175.00

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

Walk in

Pick up time

Certified Copy

Mail out

Will wait

Photocopy

Certificate of

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 SEP - 7 AM 10: 36

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NEW FILINGS	
Name	
Availability	<input type="checkbox"/> Profit
Document	<input type="checkbox"/> Not for Profit
Examiner	<input type="checkbox"/> Limited Liability
Director	<input type="checkbox"/> Domestication
Updater	<input type="checkbox"/> Other
Verifier	
OTHER FILINGS	
Annual Report	<input type="checkbox"/> DCC
W. P. Verifier	<input type="checkbox"/> Fictitious Name

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

① Owner: State corp. but list individuals
 ② write through...
 ③ better spec...

Examiner's Initials

5 pages
400000018157

T00000001008



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 20, 2000

MARICEL HERNANDEZ
1801 SW 107 AVE., #2503
MIAMI, FL 33165

SUBJECT: CAPRISHO & DESIGN OF LIPS
Ref. Number: W00000018157

We have received your document for CAPRISHO & DESIGN OF LIPS and your check(s) totaling \$175.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in number 1(c) of Part I of the application that the owner and applicant of the mark will be a business entity and not an individual. Therefore, you must delete the individual's name listed in number 1(a) of Part I and insert the correct name of the appropriate business entity.

In Part II(1) a & b we need a month, a day, and a year for the date the mark was first used anywhere and for the date it was first used in Florida.

In Part III, you must write the exact wording of the mark. If the mark includes a logo or design, a brief written description must be provided.

The specimens provided this office are not acceptable; we need three permanent specimens, which may be the same or different. We do not accept photocopies or camera ready copies. We do not accept specimens that have been altered or defaced in any manner. We will accept labels, decals or tags that are affixed to the actual goods or products. We will accept three LEGIBLE photographs of the goods or products with the specimens affixed. If this is some kind of publication, newspaper, magazine, or column, we need three of the actual publications. We need specimens for each class of registration.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 100A00039828

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK
PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO: Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Name & address to whom acknowledgment should be sent:

Caprisha, Inc % Marcel Hernandez.
1801 SW 107 Ave #2503
Miami FL 33165
(305) 298-2218
Daytime Telephone number

PART I

1. (a) Applicant's name: Caprisha Inc
- (b) Applicant's business address: 1801 SW 107 Ave # 2503
Miami FL 33165
- (c) Applicant's telephone number: (305) 298-2218 City/State/Zip

- Individual Corporation Joint Venture Other:
 General Partnership Limited Partnership Union

If other than an individual,

- (1) Florida registration number: 000000066096 (2) Domicile State: Florida
- (3) Federal Employer Identification Number: 65-1020873

2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used:
(i.e., furniture moving services, diaper services, house painting services, etc.)
n/a

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- (b) If the mark to be registered is a trademark, the goods in connection with which the mark is used:
(i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)
Clothing, swimming wear, lingerie and accessories

- (c) The mode or manner in which the mark is used: (i.e., labels, decals, newspaper advertisements, brochures, etc.)
Garment labels, marketing, advertising, brochures
product labels, wrapping, store name and signs.

(Continued)

d) The class(es) in which goods or services fall:

25 and 26

PART II

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: 7/1/00 (b) Date first used in Florida: 7/1/00

PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

Lips slightly open centered and above the company's name "Caprisho". Lips are red and company's name "Caprisho" are black but will also be both in multiple colors as needed. (ie black lips, red letters).

English Translation N/A.

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " " APART FROM THE MARK AS SHOWN.

I, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related party has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or to cause confusion or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct

Mariael Hernandez

Typed or printed name of applicant

[Signature]

Applicant's signature or authorized person's signature (List name and title)

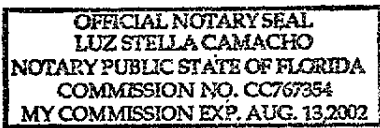
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FLORIDA
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STATE OF Florida

COUNTY OF Dade

On this 18 day of August, 2000, Mariael Hernandez personally appeared before me,

[X] who is personally known to me [] whose identity I proved on the basis of



(Seal)

[Signature]

Notary Public Signature

Notary's Printed Name

My Commission Expires: August 13, 2002

FEE: \$87.50 per class

