## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # V31183** 1. Entity Name SANS COSMETICS, INC.

FILED Apr 12, 2000 8:00 am Secretary of State 04-12-2000 90151 028 \*\*\*150.00

	e of Business	Mailing Address										
05 S OCEAN BLVD T C-228			3605 S OCEAN BLVD APT C-228									
LM BEACH F	FL 33480		PALM BEACH FL 33480-50	895			i ianni Altandi	1 (21 <b>0</b> ( 21 <b>0</b> ) 1	:00:   D)   D	III AISH AI	EN 418N BIBR BI	BII BIBII IBBI
Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & Stat	e	City & State			4. 1	4. FEI Number 65-0328730					pplied For	
	Country											lot Applicable
Zip			Zip	Count	Country		5. Certificate of Status Desired					8.75 Additional ee Required
·	6. Name and A	ddress of Current F	legistered Agent			7. I	lame and Ad	idress of	New Re	gistered	Agent	
					Name							
	CK, SANDRA 5 S OCEAN BLVD		Street A			iress (P.O. Box Number is Not Acceptable)						
	C-228			İ			····					
	M BEACH FL 334		City						Zip Cod	 de		
									FL	_		
The above	named entity subm	its this statement for	the purpose of changing i	its registere	d office or regis	stered ag	ent, or both,	in the Stat	e of Flori	da.		
												•
SNATURE .	Signature, typed or printed	I name of registered agent a	nd title if applicable (NC	OTE: Registered	Agent signature req	uired when re	einstating)			DATE		
This corpo	oration is eligible to	satisfy its Intancible	FILE NOW	VIII FEE I	S \$150.00		10 [	0	-i Fina		<b></b>	00
Tax filing r	requirement and electria on back)		After MAY 1, 2 Make Check Paya	2000 Fee v	vill be \$550.0		10. Electi Trust	on Campi Fund Con	_			00 May Be ed to Fees
•		OFFICERS AND	DIRECTORS	12.		AC	DITIONS/CH	HANGES	O OFFIC	ERS AN		
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indicated on this report or supplemental report is find and accurate and that my signature shall have the same regal effect as it made under oath; that it am an officer of 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