

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90023 028 ***500.00

DOCUMENT # V46645

1. Entity Name
COSMETIC SOLUTIONS, INC

Principal Place of Business

10026 SPANISH ISLES BLVD
SUITE B11
BOCA RATON FL 33498
US

Mailing Address

10026 SPANISH ISLES BLVD
SUITE B11
BOCA RATON FL 33498
US

2. Principal Place of Business

6601 LYONS ROAD
#D1 LYONS BUSINESS PARK
COCONUT CREEK FLORIDA

3. Mailing Address

6601 LYONS ROAD
#D1 LYONS BUSINESS PARK
COCONUT CREEK FLORIDA

City & State
COCONUT CREEK FLORIDA

City & State
COCONUT CREEK FLORIDA

Zip
33073

Country
USA

Zip
33073

Country
USA

4. FEI Number **65-0345555**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BECKER, MERVYN
10026 SPANISH ISLES BLVD
SUITE B11
BOCA RATON FL 33498

7. Name and Address of New Registered Agent

Name **BECKER MERVYN**
Street Address (P.O. Box Number is Not Acceptable)
6601 LYONS ROAD
#D1 LYONS BUSINESS PARK
City **COCONUT CREEK** **FL** **Zip Code** **33073**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **M. Becker**
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MR BECKER, MERVYN 10034 SPANISH ISLES BLVD., STE. C8 BOCA RATON FL 33498 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MR BECKER MERVYN 6601 LYONS ROAD #D1 COCONUT CREEK FL 33073 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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

7/31/02 (954) 561-9099
 Date Daytime Phone #

CR2E034 (4/02)