

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90105 010 \*\*\*150.00

**DOCUMENT # V55842**

**1. Entity Name**  
**COSMODERM, INC.**

**Principal Place of Business**                      **Mailing Address**  
**COSMODERM, INC.**                                  **COSMODERM, INC.**  
**132 GREENBRIAR DRIVE**                      **132 GREENBRIAR DRIVE**  
**LAKE PARK FL 33403**                          **LAKE PARK FL 33403**  
**US**    **US**

**2. Principal Place of Business**                      **3. Mailing Address**

Suite, Apt. #, etc.                                      Suite, Apt. #, etc.

City & State    City & State

**4. FEI Number**    **65-0495038**                       **Applied For**  
 **Not Applicable**

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**                      **7. Name and Address of New Registered Agent**

**TEUSCHER, ADRIAN H**                                      Name  
**132 GREENBRIAR DRIVE**                                  Street Address (P.O. Box Number is Not Acceptable)  
**LAKE PARK FL 33403**                                      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 Adrian H Teuscher                      04/30/01  
Signature of principal or other named registered agent, 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.**        **FILE NOW!!! FEE IS \$150.00**  
(See criteria on back)                      **After MAY 1, 2001 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	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TEUSCHER, ADRIAN H</b>	NAME	
STREET ADDRESS	<b>132 GREENBRIAR DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE PARK FL 33403</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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:** Adrian H Teuscher                      04/30/01                      561-8856003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #

CPRE034 (10/00)