

# 2001 UNIFORM BUSINESS REPORT (UBR)

001738 AF

DOCUMENT # **L99000000439**

1. Entity Name  
**OFRA COSMETICS, LLC**

FILED

01 APR 23 PM 5: 24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**2200 N.W. 32ND STREET, SUITE 200  
POMPANO BEACH FL 33069**

Mailing Address  
**P.O. BOX 2449  
FT. LAUDERDALE FL 33303**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3556109** Applied For  Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

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

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

**GAITO, OFRA**  
~~450 EAST LAS OLAS BLVD., SUITE 110~~ **2200 NW 32 Street**  
~~FT. LAUDERDALE FL 33301~~ **Suite # 200**  
**Pompano Bch, FL 33069**

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 DATE **3-19-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input type="checkbox"/> Delete <b>GAITO, OFRA</b> <del>85 PELICAN DRIVE</del> <b>510 NW 107 Ave</b> <del>FT. LAUDERDALE FL 33309</del> <b>Plantation FL 33324</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input type="checkbox"/> Delete <b>GAITO, DAVID</b> <del>85 PELICAN DRIVE</del> <b>510 NW 107 Ave</b> <del>FT. LAUDERDALE FL 33309</del> <b>Plantation FL 33324</b>
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10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500004134875-1</b> <del>05/03/01--01133--010</del> <b>*****50.00 *****50.00</b>
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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **NOTRE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083 (11/00)