Tab settings ⇒ ⇒ ⇒ ▼

NLY

1. Name of conveying party(les):  Beau tiful visions, New York Corp.    O - 3l - 98	To the Honorable Commissioner of	100865404	ne attached original documents or copy thereof.	
De- 3/4   98	Name of conveying party(les):		Name and address of receiving party(ies):	
Individual(s)   Association   General Partnership   Corporation-State New York   Limited Partnership   Corporation-State New York   Change of Name   Individual(s) ditzenship   Corporation-State New York   Change of Name   Individual(s) ditzenship   Association   Individual(s) ditzenship   Association   Individual(s) ditzenship   Individual(s) ditzenship   Individual(s) ditzenship   Association   Association   Individual(s) ditzenship   Individual(	Beautiful Visions, New York	Corp.	Name:	
Individual(s)   General Partnership   Convert State New York   Limited Partnership   College	10-01 00		Internal Address:	
General Partnership City: Schemia State: NY ZIP; 11/10 City: Corporation-State New York Corporation-State New York City: Corporation-State New York City: Corporation-State New York Corporation-State New York Corporation-State New York City: Corporation-State New York Corporation-State		}	Street Address: 90 Orville Drive	
Individual(s) citizenship   Additional manife() of conveying partylese) attached?   Vey   Alvo   Assignment   Merger   Security Agreement   Change of Name   Other   October 1½, 1998   October 1½, 1	☐ General Partnership ☐ Lim	sociation nited Partnership	City: Bohemia State: NY ZIP: 11716	
3. Nature of conveyance:    Canara   Assignment   Assignment   Change of Name   Change of N	Other		☐ Individual(s) citizenship	
Limited Partnership   Sastynment   Security Agreement   Change of Name   Other   Change of Name   Other   14, 1998   Securition Date: October 14, 1998   Securition Date: October 14, 1998   Securition Date: October 14, 1998   Securition number(s):    Application number(s) or registration number(s):   A Trademark Application No.(s)   S. Trademark registration No.(s)   (Despination mail be a signature occurrent months of Name: Otes October 19, 1998)   Security of the Name: Otes October 19, 1998   State: Octo	Additional name(s) of conveying party(ies) attached?	Yes X No	☐ Association	
Assignment   Merger   Change of Name   Other   Change of Name   Other   Change of Name   Other   Change of Name   Other   Other   14, 1998   Security Agreement   Other   Name   Other   14, 1998   Name of Person Signing   Other   Other   Name of Person Signing   Other   Other   Other   Name of Person Signing   Other   Ot	3. Nature of conveyance:		☐ Limited Partnership	
Chefer   Cotober 14, 1998   Co	XXI Assignment	rger		
(Designations must be a separate occument from Assignment) Additional namely) & address(es) attached?   Yes   No  4. Application number(s) or registration number(s): A. Trademark Application No.(s)	☐ Security Agreement ☐ Ch	ange of Name	- · · · · · · · · · · · · · · · · · · ·	
A. Trademark Application No.(s)  / 796, 162  Additional numbers attached? Yes You  5. Name and address of party to whom correspondence concerning document should be mailed: Name: Olea Gonzalez  Internal Address:  Internal Address:  Street Addre			(Designations must be a separate document from Assignment)	
Additional numbers attached?   Yes 2 No	4. Application number(s) or registration numb	er(s):		
Additional numbers attached? Tyes No  5. Name and address of party to whom correspondence concerning document should be mailed:  Name: Olea Gonzalez  Internal Address: 7. Total fee (37 CFR 3.41):	A. Trademark Application No.(s)		B. Trademark registration No.(s)	
Additional numbers attached?	1-701 11	_	(1,796,162)	
5. Name and address of party to whom correspondence concerning document should be mailed:  Name: Olga Gonzalez.  Internal Address:  Internal Address:  Street Address:  3191 Coral Way, Suite 609  Street Address:  3191 Coral Way, Suite 609  8. Deposit account number:  One  Authorized to be charged to deposit account  8. Deposit account number:  One  Authorized to be charged to deposit account  8. Deposit account number:  One  Authorized to be charged to deposit account  8. Deposit account number:  One  Authorized to be charged to deposit account  8. Deposit account number:  One  Authorized to be charged to deposit account  8. Deposit account number:  One  Authorized to be charged to deposit account  8. Deposit account number:  One  One  Authorized to be charged to deposit account  8. Deposit account number:  One  One  Authorized to be charged to deposit account  Authorized to be charged to deposit account  Authorized to be charged to deposit account  8. Deposit account number:  One  One  Authorized to be charged to deposit account  Authorized	1, 176,160	*	·	
Internal Address:  Internal Address:  Internal Address:  Street Address:	Additional numbers attached? ☐ Yes 조건 No			
Internal Address:  Internal Address:  Internal Address:  7. Total fee (37 CFR 3.41):	5. Name and address of party to whom corre	spondence	6. Total number of applications and	
Street Address: 3191 Coral Way, Suite 609  Street Address: 3191 Coral Way, Suite 609  8. Deposit account number: 07-1550  (Attach duplicate copy of this page if paying by deposit account)  DO NOT USE THIS SPACE  9. Statement and signature.  To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.  OLGA GOMANOT  Name of Person Signing  Do not detach this portion  Mail documents to be recorded with required cover sheet information to:  Commissioner of Patents and Trademarks Box Assignments Washington, D.C. 20231  Public burden reporting for this sample cover sheet is estimated to average about 30 minutes per document to be recorded, including time for reviewing the document and gathering he data needed, and completing and reviewing the sample cover sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Office of information Systems, PK2-100CC Washington, D.C. 20231, and to the Office of Management and Budget, Paperwork Reduction Production 51-0011), Washington, D.C. 20503.	Name: Olga Gonzalez		registrations involved:one	
Street Address: 3191 Coral Way, Suite 609  8. Deposit account number: 07-1550  City: Miami State: FL ZIP: 33145  ONOT USE THIS SPACE  9. Statement and signature. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.  OLGA GONALUS Name of Person Signing  Do not detach this portion  Mail documents to be recorded with required cover sheet information to:  Commissioner of Patents and Trademarks Box Assignments Washington, D.C. 20231  Public burden reporting for this sample cover sheet is estimated to average about 30 minutes per document to be recorded, including time for reviewing the documents and gathering the data needed, and completing and reviewing the sample cover sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Office of information Systems, PK2-108 C Washington, D.C. 20231, and to the Office of Management and Budget, Paperwork Reduction Proceedios51-0011), Washington, D.C. 20503.	Internal Address:		7. Total fee (37 CFR 3.41): \$ 40.00	
Street Address: 3191 Coral Way, Suite 609  8. Deposit account number: 07-1550  City: Miami State: FL ZIP: 33145  ONOT USE THIS SPACE  9. Statement and signature. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.  OLGA GONALUS Name of Person Signing  Do not detach this portion  Mail documents to be recorded with required cover sheet information to:  Commissioner of Patents and Trademarks Box Assignments Washington, D.C. 20231  Public burden reporting for this sample cover sheet is estimated to average about 30 minutes per document to be recorded, including time for reviewing the documents and gathering the data needed, and completing and reviewing the sample cover sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Office of information Systems, PK2-108 C Washington, D.C. 20231, and to the Office of Management and Budget, Paperwork Reduction Proceedios51-0011), Washington, D.C. 20503.			X C Enclosed	
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8. Deposit account number: 07-1550  City: Miami State: FL ZIP: 33145 (Attach duplicate copy of this page if paying by deposit account)  DO NOT USE THIS SPACE  9. Statement and signature.  To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.  OLGA GOWALCT Name of Person Signing Signature Total number of pages comprising cover sheet:  OMB No. 0651-0011 (exp. 4/94)  Do not detach this portion  Mail documents to be recorded with required cover sheet information to:  Commissioner of Patents and Trademarks Box Assignments Washington, D.C. 20231  Public burden reporting for this sample cover sheet is estimated to average about 30 minutes per document to be recorded, including time for reviewing the document and gathering he data needed, and completing and reviewing the sample cover sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office. Office of information Systems, PK2-10052-Washington, D.C. 20231, and to the Office of Management and Budget, Paperwork Reduction Proceedings of TRADEMARK	3191 Coral Way, Suite 609			
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OMB No. 0851-0011 (exp. 4/94)  Do not detach this portion  Mail documents to be recorded with required cover sheet information to:  Commissioner of Patents and Trademarks Box Assignments Washington, D.C. 20231  Public burden reporting for this sample cover sheet is estimated to average about 30 minutes per document to be recorded, including time for reviewing the document and gathering she data needed, and completing and reviewing the sample cover sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Office of information Systems, PK2-100C Washington, D.C. 20231, and to the Office of Management and Budget, Paperwork Reduction Project 20651-0011), Washington, D.C. 20503.	9. Statement and signature.			
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D.C. 20231, and to the Office of Management and Budget, Paperwork Reduction Profection 651-0011), Washington, D.C. 20503.				
Washington, D.C. 20503.				
			<b>3</b>	

## **ASSIGNMENT**

WHEREAS, Beautiful Visions, New York Corp., a New York corporation having its principal place of business at 90 Orville Drive, Bohemia, New York 11716, (hereinafter "ASSIGNOR"), is the owner of all right, title and interest in and to the mark FORCELLI which is the subject of United States Trademark Registration No. 1,796,162 for cosmetic products, such as lipsticks, nail polish, mascara, skin creams and lotions, perfume, eyeliners and eye pencils, non-medicated hair care preparations and make-up (hereinafter "The Mark"); and

WHEREAS, United Vitamin Manufacturing Corp., a New York corporation having its principal place of business at 90 Orville Drive, Bohemia, New York 11716, (hereinafter "ASSIGNEE"), is desirous of acquiring the entire right, title and interest in, to and under The Mark, and the goodwill associated therewith;

NOW, THEREFORE, in consideration of the sum of Ten Dollars (\$10.00) and other good and valuable consideration, the receipt and adequacy of which are hereby mutually acknowledged, ASSIGNOR hereby irrevocably sells, assigns, transfers and conveys unto ASSIGNEE, its successors and assigns, ASSIGNOR'S entire right, title and interest in and to: (a) The Mark; (b) all registrations of The Mark, whether state, federal or foreign; (c) any and all applications to register The Mark, whether state, federal or foreign; (d) all common law rights in, to and under The Mark; (e) all other rights in, to and under The Mark; (e) all other rights to royalties, symbolized by The Mark; (f) any and all rights to royalties,

TRADEMARK REEL: 1805 FRAME: 0198 profits, compensations, license fees or other payments or remuneration of any kind relating to The Mark and/or the goodwill under The Mark; and (g) all claims or causes of action ASSIGNOR has or may have in connection with The Mark, including but not limited to, the right to sue and recover damages for any and all past infringements of The Mark.

AND, FURTHER, ASSIGNOR hereby covenants that it has full right to convey the entire right herein assigned, and that it not executed, and will not execute, any agreements inconsistent herewith.

IN WITNESS WHEREOF, Beautiful Visions, New York Corp., by an authorized officer of same, has caused this Assignment to be executed on this 14th day of October

> Beautiful Visions, York Corp.

Michael C.

Vice President Legal

State of New York County of Westchester

day of October , 1998 , before me personally came Michael C. Duban, to me known, who, being by me duly sworn, did depose and say that he resides at 81 Main Street, Suite 205, White Plains, New York 10601, that he is the Vice-President, Legal of Beautiful Visions, New York Corp., the and which executed the corporation described in instrument; and that he/she signed his/her name thereto by authority of the Board of Directors of said corporation.

(Seal) errer Public Notary

MARGARET FERRERI BULLER! Notary Public, State of New York No. 4919619

Qualified in Putnam County Commission Expires February 8, 19\_2000

TRADEMARK **REEL: 1805 FRAME: 0199** 

## OLGA GONZALEZ, P.A.

Attorney at Law 3191 Coral Way, Suite 609 Miami, Florida 33145

Telephone: (305) 446-6789 Telefax: (305) 446-6199

CERTIFICATE OF EXPRESS MAILING "Express mail" mailing label number EE384148179US

Date of Deposit October 20, 1998

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 C.F.R. 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO THE COMMISSIONER OF PATENTS AND TRADEMARKS, BOX ASSIGNMENT, WASHINGTON, D.C. 20231

> OLGA GONZALEZ Name of Person Mailing Paper or Fee

October 20, 1998

Commissioner of Patents and Trademarks Box Assignments Washington, D.C. 20231

Dear Sir:

Enclosed for recordal is an assignment of US Trademark Registration No. 1,796,162 for the mark FORCELLI. The address of the Assignee is:

> United Vitamin Manufacturing Corp. 90 Orville Drive Bohemia, New York 11716

The recordal fee of \$40 prescribed by 37 C.F.R. §2.6(b)(6) is submitted herewith as Olga Gonzalez, P. A. Check No. 1540. Any deficiency or overpayment should be charged or credited to Olga Gonzalez, P. A. Deposit Account No. 07-1550. Also enclosed is completed Form PTO-1594. Please return the recorded assignment to the undersigned and forward any communications regarding the document to:

> Olga Gonzalez, Esq. Olga Gonzalez, P. A. 3191 Coral Way, Suite 609 Miami, Florida 33145 Telephone: (305) 446-6789

Thank you for your attention to this matter.

**RECORDED: 10/21/1998** 

Very truly yours,

OLGA GONZALEZ, P.A.

Olga Gonzalez

**TRADEMARK REEL: 1805 FRAME: 0200**