

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90219 016 \*\*\*163.75

**DOCUMENT # 428690**

1. Entity Name

**PERFUMERIA SELENE INC**

Principal Place of Business

Mailing Address

1606 NW 20 ST.  
 MIAMI FL 33142-7404

1606 NW 20 ST.  
 MIAMI FL 33142-7404

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

*(59-1537567)*

4. FEI Number ~~80-0011735~~  
**59-1537567**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAMS, VICTOR HUGH**  
**2503 SW 27TH AVE**  
**MIAMI FL 33133**

Name  
**Cira G. Milian**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6500 S.W. 93 Avenue**  
 City **Miami** FL Zip Code **33173**

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 *CIRA G. MILIAN* *Cira G. Milian* *4/28/00*  
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 \$150.00**  
**After MAY 1, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD <input checked="" type="checkbox"/> Delete	<b>GONZALEZ, OSCAR</b> 1051 SW 1ST ST.#203 MIAMI FL (DECEASED)	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
V <input type="checkbox"/> Delete	<b>MILAN, CIRA G</b> 6500 SW 93 AVE MIAMI FL	V/S/T <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>Milian, Cira G.</b> 6500 S.W. 93 Ave. Miami, FL 33173
ST <input type="checkbox"/> Delete	<b>MILAN, DANIEL O</b> 6500 SW 93 AVE MIAMI FL	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>Milian, Daniel O.</b> 6500 S.W. 93 Ave. Miami, FL 33173
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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: *Cira G. Milian, Vice Pres.* *4/28/00* *(305) 547-2149*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**CIRA G. MILIAN, V.P.**