

FILED
Jul 24, 2001 8:00 am
Secretary of State

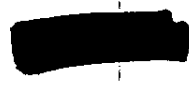
07-24-2001 90024 023 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F98000003894**
 1. Entity Name
Direct Fragrances, Inc.

(L)

Principal Place of Business		Mailing Address	
2. Principal Place of Business 11455 SW 142nd Terrace		3. Mailing Address 50 Emjay Blvd.	
City & State Miami FL		City & State Brentwood N.Y.	
4. FEI Number 06-1520492		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Gross Debit <input type="checkbox"/> \$8.75 Additional Fee Required		6. Certificate of Gross Debit <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Name and Address of Current Registered Agent Paralegal & Atty. Services Bureau 1406 Hays St. Suite #2 Tallahassee, FL 32314		7. Name and Address of New Registered Agent	
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: _____			
9. This corporation is eligible to elect its taxable year ending requirements and elects to do so. (See criteria on back)		10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	



773377

DO NOT WRITE IN THIS SPACE

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE CEO	NAME Herman Jakobowitz	TITLE	NAME
STREET ADDRESS 116 Kutledge St.	CITY-ST-ZIP Brooklyn NY 11211	STREET ADDRESS	CITY-ST-ZIP
TITLE President	NAME David Shamiltzadeh	TITLE	NAME
STREET ADDRESS 60 E 8th St. Apt. 22 P	CITY-ST-ZIP NY, NY 10003	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

13. I have by careful reading the information supplied with this filing does not qualify for the exemption stated in Section 118.07(2)(b), Florida Statutes. I further certify that the information indicates on this report of 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; the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an instrument with an addressee, with a responsible signature.

SIGNATURE: _____ DATE: **07/31/01** **631-781-1265**

CR22034 (11/00)