

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90151 020 ***150.00

DOCUMENT # P01000006304

1. Entity Name
DESIGNER PERFUME OUTLET, INC.

Principal Place of Business Mailing Address
~~100 S.E. SECOND STREET #2150 MIAMI FL 33131~~ ~~100 S.E. SECOND STREET #2150 MIAMI FL 33131~~



2. Principal Place of Business 3. Mailing Address
11401 N.W. 12th Street #166 **12801 W. Sunrise Blvd #201**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
DOLPHIN MANU

DO NOT WRITE IN THIS SPACE

City & State **MIAMI, FL** City & State **SUNRISE, FL** 4. FEI Number **65 106 8533** Applied For Not Applicable
 Zip **33172** Country Country **U.S.A.** 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent **ENGELS, MARTIN**
100 S.E. SECOND STREET
SUITE 2150
MIAMI FL 33131

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

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, 2002 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 D NAME ENGELS, MARTIN STREET ADDRESS 100 S.E. SECOND STREET #2150 CITY-ST-ZIP MIAMI FL 33131	<input checked="" type="checkbox"/> Delete	TITLE President NAME John W. Capella STREET ADDRESS 12801 W. Sunrise Blvd #201 CITY-ST-ZIP SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE VP, Secretary NAME Anne M. Capella STREET ADDRESS 12801 W. Sunrise Blvd CITY-ST-ZIP SUNRISE, FL 33323	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: **Anne M. Capella, VP** 4-15-02 954-384-9689
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034.(9/01)