

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000102837

FILED
Jan 30, 2002 8:00 AM
Secretary of State

Entity Name: PURE PERFUME, INC.

Current Principal Place of Business:

1000 VENETIAN WAY
#2101
MIAMI, FL 33139

New Principal Place of Business:

Current Mailing Address:

1000 VENETIAN WAY
#1011
MIAMI, FL 33139

New Mailing Address:

FEI Number: 65-0798577 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAY, PENNY
1000 VENETIAN WAY
#2101
MIAMI, FL 33139

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KAY, PENNY
Address: 1000 VENETIAN WAY
City-St-Zip: MIAMI, FL 33139

Title: ST () Delete
Name: KAY, NEAL
Address: 1000 VENETIAN WAY
City-St-Zip: MIAMI, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PENNY KAY

PRES

01/30/2002

_____ Electronic Signature of Signing Officer or Director

_____ Date