## Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90133 042 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

FRAGRA INVESTMENTS, INC.

J56585 1. Entity Name



Principal Place of Business Mailing Address 4701 NW 79TH AVENUE 4701 NW 79TH AVENUE MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2785801 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRANDE, FRANK A Street Address (P.O. Box Number is Not Acceptable) 14891 SW 71ST MIAMI FL 33193 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLĘ . ☐ Delete TITLE Change Addition GRANDE, FRANK A namè NAME 14891 SW 71ST STREET ADDRESS STREET ADDRESS MIAMI FL 33193 CITY-ST-ZIP CITY-ST-ZIP ٧S Delete TITLE Change ☐ Addition NAME GRANDE, FRANCINE NAME STREET ADDRESS 14891 SW 71ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33193 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 accute this port as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

RANDE, PRES. 4/23/03 305-477-281

Change

☐ Change

☐ Addition

☐ Addition