

2001 UNIFORM BUSINESS REPORT (UBR)

Amended
DOCUMENT #

K09544

1. Entity Name

LORRAINE Perfume Co., Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 12 AM 11:40

Principal Place of Business

Mailing Address

32 NE 1st Ave.
Hallandale, FLA. 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0038399

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Louis Cohen
32 N.E. 1st Ave.
Hallandale, FLA. 33309

Name

Street Address (P.O. Box Number is Not Acceptable)

700004649947-4

-10/23/01--01049--006

City

*****61. FL *****61.25

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

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) ☒

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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

P, D
Louis Cohen
32 N.E. 1st AVENUE
HALLANDALE, FLA. 33009 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

VP
MARNIE MESSIER
32 N.E. 1st AVE.
HALLANDALE, FLA. 33009 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

T
NETTIE COHEN
32 N.E. 1st AVE.
HALLANDALE, FLA. 33009 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

S
LORRAINE SPACK
32 N.E. 1st AVE.
HALLANDALE, FLA. 33009 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

☐ Change ☐ 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:

Louis Cohen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-01

Date

305-362-5444

Daytime Phone #

CR2E034 (11/00)