

2002 UNIFORM BUSINESS REPORT (UBR)

0006018

DOCUMENT # L01000005619

Entity Name
INCENSE OF LOVE, LLC

Principal Place of Business

11401 NW 12TH ST
MIAMI FL 33172

Mailing Address

11401 NW 12TH ST
MIAMI FL 33172

2. Principal Place of Business

Dolphin Mall

3. Mailing Address

(same as 2)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11401 N.W. 12th Street, RMU #27

City & State

Miami, FL 33172

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1137321

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BITTON, JACK
329 POINCIANA ISLAND DR
SUNNY ISLE FL 33160

Name

Chelito Palma

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

957 NE 117th St.

City

Biscayne Park

FL

Zip Code

33161

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)

09/15/02

DATE

FILE-NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CHELITO PALMA
957 N.E. 117th Street
Biscayne Park, FL 33161

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100008810771
11/05/02--01095--001 **\$0.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

CR2E083 (4/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Chelito Palma REQUIRED

09/15/02

(305)4770664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #