

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Apr 16, 2001 8:00 am
Secretary of State

03-19-2001 90067 043 ***150.00

DOCUMENT # P00000016036

1. Entity Name

FRAGRANCE MASTERS, INC.

Principal Place of Business

Mailing Address

121 S.E. 1ST STREET
SUITE 511
MIAMI FL 33131

121 S.E. 1ST STREET
SUITE 511
MIAMI FL 33131

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

05-0982404

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AFLALO, JOSEPH
121 S.E. 1ST STREET
SUITE 511
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and type, if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-15-01

DATE

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, 2001 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
NAME
STREET ADDRESS
CITY- ST- ZIP
D
AFLALO, JOSEPH
121 S.E. 1ST STREET
MIAMI FL 33131

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
AFLALO JOSEPH
245 S.E. 1ST ST # 434
MIAMI FL 33131

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-5-01

CR2E034 (10/00)