

# 2001 UNIFORM BUSINESS REPORT (UBR)

01-24-2002 90002 046 \*\*\*150.00

P00000020461

DOCUMENT # P00000020461

1. Entity Name

PERFECT SCENTS, INC.

Principal Place of Business

Mailing Address

8459 N.W. 68 Street  
Miami, FL 33166

8459 N.W. 68 Street  
Miami, FL 33166

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

36-4385619

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

RODRIGUEZ, Eduardo  
8459 N.W. 68 Street  
Miami, FL 33166

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 file if applicable.

(NOTE: Registered Agent signature required when releasing)

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 \$150.00  
AFTER MAY 1, 2001: FEE \$350.00  
IN ORDER TO RE-FILE FOR PARTIAL YEAR

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	D/P	<input type="checkbox"/> Delete
NAME	MARTIN, Jose Miguel	
STREET ADDRESS	8459 N.W. 68 Street	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	D/S	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, Eduardo	
STREET ADDRESS	8459 N.W. 68 Street	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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-02/20/02--01081--001  
\*\*\*150.00--\*\*\*150.00

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:  Secretary

January 10, 2002

(786) 586-5425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

attachment  
Doc # P00000020461

808054

**PERFECT SCENTS, INC.**

**8459 N.W. 68<sup>th</sup> Street  
MIAMI, Florida 33166  
(786) 586-5425**

January 10, 2002

**CERTIFIED MAIL R.R.R.**

Florida Department of State  
Division of Corporations  
Uniform Business Reports  
P. O. Box 1500  
Tallahassee, FL 32302-1500

RE: PERFECT SCENTS, INC.  
F.E.I. No. 38-4385619

Dear Sirs:

We are hereby enclosing a duly executed 2001 Uniform Business Report for the above referenced corporation together with a check in the amount of \$150.00.

Please note that the original form issued by the Division of Corporations was never received at our offices, nor by our Registered Agent.

We trust that our company will not be penalized by this oversight.

Yours very truly,

PERFECT SCENTS, INC.,  
a Florida corporation

By

  
EDUARDO RODRIGUEZ  
Secretary

ER/er  
Enclosures