

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000115622

1. Entity Name
FIFI PERFUMES DISTRIBUTORS, INC.



FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90208 017 ***150.00

Principal Place of Business
7168 NW 50 STREET
MIAMI FL 33166

Mailing Address
7168 NW 50 STREET
MIAMI FL 33166

1001368Z



2. Principal Place of Business

2311 DW 20st

3. Mailing Address

2311 DW 20st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Miami Fla

City & State

Miami Fla

4. FEI Number, 65-1062693

Applied For
Not Applicable

Zip
33142

Country

Zip
33142

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALLEJO, CARLOS E
7168 NW 50 STREET
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name: Valles Carlos E.
Street Address (P.O. Box Number is Not Acceptable): 4630 SW 153 Place
City: Miami Fla 33185.
City: Miami Fla. FL 33185.

8. The above named entry 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

1-24-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME VALLEJO, CARLOS E
STREET ADDRESS 4630 SW 153 PLACE
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME VALLEJO, OLGA
STREET ADDRESS 4630 SW 153 PLACE
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 to execute this report 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-03 305 588.9882

CR2E034 (10/02)