2002 UNIFORM BUSINESS REPORT (UBR)

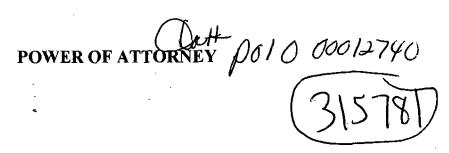
Feb 14, 2002 8:00 am Secretary of State DOCUMENT # P01000012740 1. Entity Name 02-14-2002 90040 050 ***150.00 SARA'S SCENT, INC. Principal Place of Business Mailing Address 73 EAST FLAGLER 73 EAST FLAGLER MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-1077989 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARTUREN, ELENA Street Address (P.O. Box Number is Not Acceptable) 175 FONTAINBLEAU BLVD. SUITE 1-B MIAMI FL City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE PD ☐ Delete TITLE Change ☐ Addition NAME **ELUL, YOSEF** NAME STREET ADDRESS 4740 N. 31ST CT. STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITI F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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of the corporation or the receiver ochanged, or on an attachment with

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 at 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



THIS GENERAL POWER OF ATTORNEY GIVEN on the 6th day of September, 2001 by myself, Yosef Elul,

I hereby appoint Jorge Albo to be my attorney in accordance with the Powers of Attorney Act and to do on my behalf anything that I can lawfully do by an attorney.

In accordance with the Powers of Attorney Act, I hereby declare that this power of attorney may be exercised during any subsequent legal course of action on my behalf.

This power of attorney is subject to the following conditions and

restrictions:

nil.

SIGNED, SEALED AND DELIVERED

in the presence of:

_DATE:___

raur

____*DA*

TE: 1 29 01

Yosef Elul

NOTARY

ADDRESS:

4740 North 31 Court

Hollywood, Florida 33021

RHONDA L. BENARROCH

My Comm Exp. 7/6/03 No. CC 852470

Personally Known [] Other I.D.