

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000031042

1. Entity Name
Scented Dreams Inc.

FILED

May 01, 2002 8:00 am
Secretary of State

05-01-2002 91519 026 ***158.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 247382

Suite, Apt. #, etc.

3. Mailing Address

334 S.W. 191 Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pembroke Pines FL

City & State
Pembroke Pines, FL

4. FEI Number
65-1087474

Applied For
Not Applicable

Zip
33029-7382

Country
Broward

Zip
33029

Country
Broward

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Diana L. Carthen

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

334 S.W. 191 Ave

City
Pembroke Pines

FL

Zip Code
33029

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Diana L. Carthen 334 S.W. 191 Ave Pembroke Pines FL 33029	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Diana L. Carthen Diana L. Carthen 4-16-02 954-450-8561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #