

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2003 8:00 am
Secretary of State

5/5

05-05-2003 90162 019 ***150.00

DOCUMENT # P02000041894



1. Entity Name
SONIA'S SCENTS INC.

Principal Place of Business
901 SOUTH FEDERAL HWY. #300
FT. LAUDERDALE FL 33316

Mailing Address
901 SOUTH FEDERAL HWY. #300
FT. LAUDERDALE FL 33316

00013000



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
37-1428169

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLEIMAN, EVAN M
901 SOUTH FEDERAL HWY. #300
FT. LAUDERDALE FL 33316

~~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. 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

May 26, 2003

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 <input type="checkbox"/> Delete
NAME	KLEIMAN, EVAN M
STREET ADDRESS	901 SOUTH FEDERAL HWY. #300
CITY-ST-ZIP	FT. LAUDERDALE FL 33316
TITLE	D <input type="checkbox"/> Delete
NAME	KLEIMAN, SONIA
STREET ADDRESS	901 SOUTH FEDERAL HWY. #300
CITY-ST-ZIP	FT. LAUDERDALE FL 33316
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	

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	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

Pressa

Date

Daytime Phone #

CR2E034 (10/02)