

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000070033

1. Entity Name

Scents of Life, Co.



FILED

04 DEC -9 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7307 NW 61 St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33166

Country

Zip

Country

REINSTATEMENT 2004

4. FEI Number

41-2047629

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name: Lievano, Jean Paul

Street Address (P.O. Box Number is Not Acceptable): 7307 NW 61 St Street

City: Miami

FL

Zip Code: 33166

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, dated in printed record registered agent (RPA) fee if not books)

(NOTE: Registered Agent signature required when reappointing)

DATE

400043610994

12/23/04--01031--007 **150.00

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$61.25

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

TITLE: P
NAME: Lievano, Amanda Rivas
STREET ADDRESS: 7307 NW 61 Street
CITY-ST-ZIP: Miami, FL 33166

TITLE: VPS
NAME: Lievano, Jean Paul
STREET ADDRESS: 7307 NW 61 Street
CITY-ST-ZIP: Miami, FL 33166

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IN THIS SPACE

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 007, Florida Statutes; and that my name appears in Block 10 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

Registered Phone #

CR2034B (12/02)

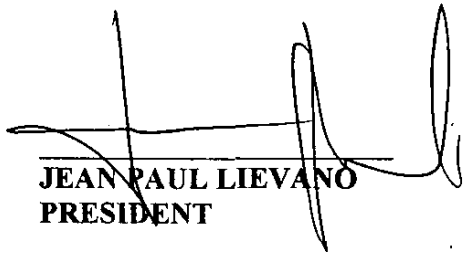
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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$150.00 for the annual report fee with my application.

We did not receive the U.B.R. for the year 2004 or any other notice from the Division of Corporations in respect with the Corporation **SCENTS OF LIFE, CO.**

Thank you for your courtesy in this matter.



JEAN PAUL LIEVANO
PRESIDENT