

P13000094157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600254398156

12/06/13--01003--016 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 DEC -6 PM 2:20

Art Correction  
@ 12/11/13

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CORAL SPRINGS PERFUMES INC.

Name of Corporation

**DOCUMENT NUMBER:** P13000094157

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**SHOKI SHALOM**

Name of Contact Person

**CORAL SPRINGS PERFUMES INC**

Firm/Company

**9469 W. ATLANTIC BLVD**

Address

**CORAL SPRINGS FL. 33071**

City/State and Zip Code

**asitrish@bellsouth.net**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**shoki shalom**

Name of Contact Person

at ( **954** ) **415 2062**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status &  
Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF CORRECTION

For

CORAL SPRINGS PERFUMES INC

Name of Corporation as currently filed with the Florida Dept. of State

P13000094157

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct P13000094157,  
(Document Type Being Corrected)

filed with the Department of State on 11/20/2013,  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

OFFICERS NAME- SHUKIE SHALOM

REGISTERED AGENT- SHUKIE SHALOM

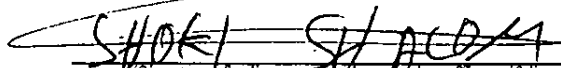
INCORPORATOR- SHUKIE SHALOM

Correct the inaccuracy, incorrect statement, or defect:

OFFICERS NAME- SHOKI SHALOM

REGISTERED AGENT- SHOKI SHALOM

INCORPORATOR-SHOKI SHALOM



(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

SHOKI SHALOM

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 DEC -6 PM 3:20