

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91155 023 ***150.00

DOCUMENT # P94000022549

1. Entity Name
SCENTIMENTS, INC.



Principal Place of Business
**2250 N.E. 202ND STREET
N. MIAMI BEACH FL 33180**

Mailing Address
**2250 N.E. 202ND STREET
N. MIAMI BEACH FL 33180**



2. Principal Place of Business

1800 NE 114 ST

3. Mailing Address

1800 NE 114 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1604

1604

City & State

City & State

NORTH MIAMI FL.

NORTH MIAMI FL.

Zip

Country

Zip

Country

33181

USA

33181

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0476602

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOFF, PHYLLIS S
2250 N.E. 202ND STREET
N. MIAMI BEACH FL 33180**

Name

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

1800 NE 114 ST

1604

City

NORTH MIAMI

FL

Zip Code

33181

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

**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 **PSD** ☐ Delete
NAME **LOFF, PHYLLIS S**
STREET ADDRESS **2250 N.E. 202ND STREET**
CITY-ST-ZIP **N. MIAMI BEACH FL 33180**

TITLE ☐ Change ☐ Addition
NAME **LOFF, PHYLLIS**
STREET ADDRESS **1800 NE 114 ST #1604**
CITY-ST-ZIP **NORTH MIAMI, FL 33181**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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: **PHYLLIS S LOFF**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03

Date

Daytime Phone #

CR2E034 (10/02)