

2-004

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

FILED

04 FEB 17 PM 3:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95 0000 21785**

1. Entity Name

**PERFUME CENTER INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**8270 CLEARY BLVD**

Suite, Apt. #, etc.

**2702**

City & State

**PLANTATION, FL**

Zip

**33324**

Country

**US**

3. Mailing Address

**2525 N STATE RD 7**

Suite, Apt. #, etc.

**115**

City & State

**HOLLYWOOD FL**

Zip

**33021**

Country

**US**

**REINSTATEMENT 02-04**  
DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0569606**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**STEVE-2 LEVY**

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

**2525 N STATE ROAD 7 - #115**

City

**HOLLYWOOD**

FL

Zip Code

**33021**

**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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/9/04**

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

**BO  
MOMI VAND  
8270 CLEARY BLVD #2702  
PLANTATION, FL 33324**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/9/04**

**954-709-1964**

CR2E034B (12/01)

Attachment

#P95000021785

PERFUME CENTER INC  
8270 CLEARY BLVD #2702  
PLANTATION, FL 33324

January 9, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Perfume Center Inc

Dear Sir or Madam:

I ask that the penalty for the failure to file an annual report be waived. The taxpayer never received the renewal form due a change in the address. The penalty will create a hardship for my business and I ask that you please waive it.

Enclosed is my reinstatement form with my fee of \$150.00 for the year 2003.

Thank you very much for your help and understanding.

Sincerely,

Momi Vano