

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

5/2

FILED
Jul 01, 2002 8:00 am
Secretary of State

05-27-2002 90437 022 ***150.00

DOCUMENT # **P97 0000 50071**

1. Entity Name
FRAGRANCES II INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8000 W. Broward Blvd.
Suite, Apt. #, etc.
K4

3. Mailing Address
8000 W. Broward Blvd.
Suite, Apt. #, etc.
K4

City & State
Plantation, FL
Zip
33388
Country
USA

City & State
Plantation, FL
Zip
33388
Country
USA

4. FEI Number
650771968

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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7. Name and Address of Current Registered Agent

Name
RICHARD COREY
Street Address (P.O. Box Number is Not Acceptable)
351 SW 187 Ave
City
Pembroke Pines **FL** Zip Code
33029

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 title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

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
PRESIDENT
RICHARD P. COREY
351 SW 187 Ave
Pembroke Pines, FL 33029

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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IN THIS SPACE**

13. 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 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

Date

Daytime Phone #

Richard P. Corey **4/29/02** **(954) 424-8009**