

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90151 019 ***150.00

DOCUMENT # P97000072084

1. Entity Name

THE FRAGRANCE DEPOT OF MICHIGAN, INC.

Principal Place of Business

**12801 W SUNRISE BLVD
 STORE #201
 SUNRISE FL 33323**

Mailing Address

**12801 W SUNRISE BLVD
 STORE #201
 SUNRISE FL 33323**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Great Lakes Crossing Mall

3. Mailing Address

Suite, Apt. #, etc.

4768 Baldwin Rd #135-I

Suite, Apt. #, etc.

City & State

Auburn Hills, MI

City & State

4. FEI Number

65-0794675

Applied For

Not Applicable

Zip

48326

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CAPELLA, JOHN W
 12801 W SUNRISE BLVD
 STORE #201
 SUNRISE FL 33323**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 **DP** ☐ Delete
 NAME **CAPELLA, JOHN W**
 STREET ADDRESS **12801 W SUNRISE BLVD**
 CITY-ST-ZIP **SUNRISE FL 33323**

TITLE **DVS** ☐ Delete
 NAME **CAPELLA, ANNE M**
 STREET ADDRESS **12801 W SUNRISE BLVD**
 CITY-ST-ZIP **SUNRISE FL 33323**

TITLE **D** ☐ Delete
 NAME **MC GEE, BARBARA**
 STREET ADDRESS **4362 MAHOGANY RIDGE DR**
 CITY-ST-ZIP **WESTON FL 33331**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 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)(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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anne M. Capella
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-02 954-384-9685

CR2E034 (9/01)