

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000077156

1. Entity Name

SCENTS OF THE WORLD INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90043 045 ***550.00

Principal Place of Business

9469 W ATLANTIC BLVD
 CORAL SPRINGS FL 33071

Mailing Address

9469 W ATLANTIC BLVD
 CORAL SPRINGS FL 33071

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0779067

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

DE LOS HEROS, JORGE
 9469 W ATLANTIC BLVD
 CORAL SPRINGS FL 33071

NEW ADDRESS:
 2215 Bridgewood
 TRAIL ORLANDO FL
 32818.

Name

De los Heros Jorge

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

2215 Bridgewood TRAIL

City

Orlando

FL

Zip Code

32818.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE LOS HEROS, JORGE 1209 S. KIRUMAN RD #1131 ORLANDO FL 32811	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	De los Heros, Jorge 2215 Bridgewood TRAIL ORLANDO FL 32818	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/26/00 (407) 2999921
 Date Daytime Phone #