

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000089994

1. Entity Name

ALL PERFUMES CORP.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90020 024 ***150.00

Principal Place of Business

9600 NW 25 STREET
#3C
MIAMI FL 33172
US

Mailing Address

600 N.E. 36 ST
2014
MIAMI FL 33137-3944
US

2. Principal Place of Business

7302 NW 107 PL

3. Mailing Address

7302 NW 107 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33178

Country

U.S.

Zip

33178

Country

U.S.

4. FEI Number

65-0789301

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

VILLACRECES, MANUEL
600 N.E. 36 ST
#2014
MIAMI FL 33137

Name

MANUEL VILLACRECES

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

7302 NW 107 PL

City

MIAMI

FL

Zip Code

33178

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	VILLACRECES, MANUEL	
STREET ADDRESS	600 N.E. 36 ST, #2014	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCOTT, EUCARIS	
STREET ADDRESS	600 N.E. 36 ST, #2014	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TORRES, JUAN CARLOS	
STREET ADDRESS	600 N.E. 36 ST, #2014	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	VILLALONGS, MARIA	
STREET ADDRESS	8357 S.W. 107 AVE, #A	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCOTT, SONIA	
STREET ADDRESS	600 N.E. 36 ST, #2014	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLACRECES, MANUEL	
STREET ADDRESS	7302 NW 107 PL	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, EUCARIS	
STREET ADDRESS	7302 NW 107 PL	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, JUAN CARLOS	
STREET ADDRESS	7302 NW 107 PL	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, SONIA	
STREET ADDRESS	7302 NW 107 PL	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)