# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 16, 2007 8:00 am**
**Secretary of State**
04-16-2007 90065 035 ***150.00

DOCUMENT # P99000015760

1. Entity Name
PERFUMANIA.COM

**DO NOT WRITE IN THIS SPACE**

40062090

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 251 INTERNATIONAL PKWY | 251 INTERNATIONAL PKWY |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: SUNRISE, FL | City & State: SUNRISE, FL |
| Zip: 33325 Country: USA | Zip: 33325 Country: USA |

4. FEI Number: 65-0884688 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: CORPORATE CREATIONS NETWORK

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and date (if applicable) (NOTE: Registered Agent's signature required when reinstating)

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | | |
|---|---|---|---|
| TITLE | CFO | TITLE | |
| NAME | DONOVAN CHIN | NAME | |
| STREET ADDRESS | 251 INTERNATIONAL PARKWAY | STREET ADDRESS | |
| CITY-ST-ZIP | SUNRISE, FL 33325 | CITY-ST-ZIP | |
| TITLE | PRES | TITLE | |
| NAME | MICHAEL KATZ | NAME | |
| STREET ADDRESS | 251 INTERNATIONAL PKWY | STREET ADDRESS | |
| CITY-ST-ZIP | SUNRISE, FL 33325 | CITY-ST-ZIP | |
| TITLE | COO | TITLE | |
| NAME | RAYMOND PIERGIORGI | NAME | |
| STREET ADDRESS | 251 INTERNATIONAL PKWY | STREET ADDRESS | |
| CITY-ST-ZIP | SUNRISE, FL 33325 | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:** DONOVAN CHIN 04/03/07 (954) 335-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #