

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90178 036 ***150.00

DOCUMENT # P99000044763

1. Entity Name
PERFUME CONNECTION INC.



Principal Place of Business
~~1451 NW 108TH AVE. #302~~
PLANTATION FL 33322

Mailing Address
1451 NW 108TH AVE. #302
PLANTATION FL 33322



2. Principal Place of Business
5450 NW 57th AVE
Suite, Apt. #, etc.

3. Mailing Address
5450 NW 57th AVE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
CORAL SPRINGS FL

City & State
CORAL SPRINGS FL

4. FEI Number **65-0924008**

Applied For
☐ Not Applicable

Zip **33067** Country **USA**

Zip **33067** Country **USA**

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

TORGMAN, CHARLEY A
1451 NW 108TH AVE #302
PLANTATION FL 33322

Name
Street Address (P.O. Box Number is Not Acceptable)
5450 NW 57th AVE
City **CORAL SPRINGS** FL Zip Code **33067**

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 *Charley Torgman*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/10/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **TORGMAN, CHARLEY**
STREET ADDRESS **1451 NW 108TH AVE #302**
CITY-ST-ZIP **PLANTATION FL 33322**

TITLE ☒ Change ☐ Addition
NAME **5450 NW 57th AVE**
STREET ADDRESS **CORAL SPRINGS FL 33067**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charley Torgman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03 **(954) 415-1045**
Date Daytime Phone #

CR2E034 (10/02)