

2000 UNIFORM BUSINESS REPORT (UBR)

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

09-18-2000 90032 016 ***550.00

DOCUMENT # P99000053886

1. Entity Name

SCENTS OF CREATION, INC. ✓

Principal Place of Business

5450 S. STATE ROAD 7. STE. 13
 FT. LAUDERDALE FL 33314

Mailing Address

5450 S. STATE ROAD 7. STE. 13
 FT. LAUDERDALE FL 33314

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

65-0928054

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

A0079135



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIEVANO, JEAN PAUL
 10812 N. KENDAL DRIVE, NO. Q28
 MIAMI FL 33176

Name

Santoni, Luis

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

13278 NW 18th St.

City

Pembroke

FL

Zip Code

33028

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

Luis H. Santoni

Luis H. Santoni

9-12-00

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 PS Delete
 NAME LIEVANO, JEAN PAUL
 STREET ADDRESS 10812 N. KENDALL DR., NO. Q28
 CITY-ST-ZIP MIAMI FL 3176

TITLE PS Change Addition
 NAME Santoni, Luis
 STREET ADDRESS 13278 NW 18th St.
 CITY-ST-ZIP Pembroke Pines, FL 33314

TITLE VT Delete
 NAME SANTONI, LUIS
 STREET ADDRESS 13278 NW 18TH ST.
 CITY-ST-ZIP HOLLYWOOD FL 33028

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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:

Luis H. Santoni

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-00

Date

954-584-8112

Daytime Phone #

CR2E034 (5/00)