

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90278 034 \*\*\*150.00

**DOCUMENT # P99000053886**

1. Entity Name  
**SCENTS OF CREATION, INC.**



Principal Place of Business  
**5450 S. STATE ROAD 7  
STE 1  
FT. LAUDERDALE FL 33314**

Mailing Address  
**5450 S. STATE ROAD 7  
STE 1  
FT. LAUDERDALE FL 33314**



2. Principal Place of Business

3. Mailing Address  
**13278 NW 18th St.**

Suite, Apt. #, etc.  
**12801 West Sunrise Blvd**

Suite, Apt. #, etc.

City & State  
**Sunrise FL**

City & State  
**Pembroke Pines FL**

Zip  
**33323**

Country  
**USA**

Zip  
**33028**

Country  
**USA**

4. FEI Number  
**65-0928054**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**SANTONI, LUIS  
13278 NW 18TH STREET  
PEMBROKE PINES FL 33028**

## 7. Name and Address of New Registered Agent

Name  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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

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

TITLE **VP** ☐ Delete  
NAME **SANTONI, VALERIE**  
STREET ADDRESS **13278 NW 18TH STREET**  
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

**4-23-03 305-430-9700**  
Date Daytime Phone #

CR2E034 (10/02)