

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Aug 31, 2000 8:00 am**  
**Secretary of State**

08-03-2000 90002 006 \*\*\*550.00  
 08-31-2000 90111 023 \*\*\*550.00

**DOCUMENT # P99000066891**

1. Entity Name  
**EXTASIS PERFUMES, INC.**

Principal Place of Business  
**7601 EAST TREASURY DRIVE, STORE #1  
 NORTH BAY VILLAGE FL 33141**

Mailing Address  
**7601 EAST TREASURY DRIVE, STORE #1  
 NORTH BAY VILLAGE FL 33141**

2. Principal Place of Business  
**EXTASIS perfumes**

3. Mailing Address  
**7601 E TREASURE DR**

Suite, Apt. #, etc.  
**7601 E TREASURE DR**

Suite, Apt. #, etc.  
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City & State  
**North Bay Village**  
 Zip **33141** Country **FLORIDA**

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**North Bay Village**  
 Zip **33141** Country **FLORIDA**

DO NOT WRITE IN THIS SPACE  
**650936441**  
 4. FEI Number **23-20-499-546-410** Applied For ☒ Not Applicable ☐  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**MONASSA, ADA E**  
**7601 EAST TREASURY DRIVE, STORE #1**  
**NORTH BAY VILLAGE FL 33141**

7. Name and Address of New Registered Agent  
 Name **ADA-E MONASSA**  
 Street Address (P.O. Box Number is Not Acceptable) **2210 NE 121st**  
**North miami FL**  
 City **FL** Zip Code **33141**

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]** DATE **07-12-00**  
(NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D MONASSA, ADA E 7601 EAST TREASURY DRIVE, STORE #1 NORTH BAY VILLAGE FL 33141</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]** DATE **07-12-00 (305) 861-6210**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR