

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088799

1. Entity Name

NILY FRAGRANCES, INC.

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

04-14-2000 90087 028 ***150.00

Principal Place of Business Mailing Address
 8055 N.W. 77TH CT., STE. 5 8055 N.W. 77TH CT., STE. 5
 MIAMI FL 33166 MIAMI FL 33166-2167

2. Principal Place of Business 3. Mailing Address
 8055 NW 77 ct. 8055 NW 77 ct.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 #5 #5
 City & State City & State
 Medley, FL Medley, FL
 Zip Country Zip Country
 33166 USA 33166 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0969954 Applied For Not Applicable

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
 MONTELLO, LOUIS R
 777 BRICKELL AVE., STE. 1070
 MIAMI FL 33131
 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.

SIGNATURE _____ (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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
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 | NAME | STREET ADDRESS CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS CITY-ST-ZIP |
| | President | 8055 NW 77th Ct. Miami, FL 33166 | | | |
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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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/10/00 (420-1549)
 Date Daytime Phone #

CR2034 (9/99)