

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S01929

1. Entity Name

CADILLAC PERFUME INC.

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90010 016 ***550.00

Principal Place of Business

~~5000 E 2ND AVE~~
~~HIACLEAH FL 33013~~
~~US~~

Mailing Address

~~5000 E 2ND AVE~~
~~HIACLEAH FL 33013~~
~~US~~

3860 E 10 CT
Hiacleah, FL
33017

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0217933**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~MUSA, JOSE L.~~
~~8270 S.W. 54TH ST.~~
~~MIAMI FL 33165~~

Armando Musa
3860 E 10 CT
Hiacleah, FL 33017

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

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 *SECRETARIO* ☐ Delete
NAME MUSA, JOSE L.
STREET ADDRESS 8270 S.W. 54TH ST.
CITY-ST-ZIP MIAMI FL

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

TITLE *STD* ☐ Delete
NAME ~~HERNANDEZ, PABLO R.~~
STREET ADDRESS ~~5000 E 2ND AVE.~~
CITY-ST-ZIP ~~HIACLEAH FL~~

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

TITLE *VP President* ☐ Delete
NAME MUSA, ARMANDO
STREET ADDRESS ~~3800 SW 67 AVE~~ *3860 E 10 CT*
CITY-ST-ZIP ~~MIAMI FL 33155~~ *Hiacleah, FL 33017*

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

Armando Musa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-2000

Date

305-696-9940

Daytime Phone #