

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
 05-16-2002 90037 040 ***150.00

DOCUMENT # V35847

1. Entity Name
THE PROMOTIONAL PERFUMES, INCORPORATED

Principal Place of Business
 2657 NORTHWEST 20TH STREET
 MIAMI FL 33142

Mailing Address
 2657 NORTHWEST 20TH STREET
 MIAMI FL 33142



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0338071

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

GRUNGLASSE, ROBERT
 8877 COLLINS AVENUE
 APT. 1103
 MIAMI BEACH FL 33154

Name

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

14727 SW 54 TERR

City

Miami

FL

Zip Code

33185

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]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-17-02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME GRUNGLASSE, ROBERT
STREET ADDRESS 1311 96TH ST.
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154

TITLE DP ☒ Change ☐ Addition
NAME 14727 SW 54 TERR
STREET ADDRESS MIAMI, FL 33185
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME GRUNGLASSE, JORGE
STREET ADDRESS 10185 COLLINS AVENUE, STE. 141-J
CITY-ST-ZIP BAL HARBOUR FL

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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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-17-02

CR2E034 (9/01)