

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**

Zip **Country**

Zip **Country**

4. FEI Number **65-0338071**  Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

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

Name

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

City *Miami*

FL **33185**

DO NOT WRITE IN THIS SPACE

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 *Robert Grunlasse*

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) *X*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$350.00  
Make Check Payable to Department of State**

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

## 11. OFFICERS AND DIRECTORS

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP GRUNGLASSE, ROBERT 1311 96TH ST. BAY HARBOR ISLAND FL 33154</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP 14727 SW 54 TERRACE MIAMI, FL 33185</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS GRUNGLASSE, JORGE 10185 COLLINS AVENUE, STE. 141-J BAL HARBOUR FL</b>	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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:**

*Robert Grunlasse* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-17-02*

Daytime Phone #

SP2002

CR2E034 (9/01)