## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 1. Entity Name

V35847

THE PROMOTIONAL PERFUMES, INCORPORATED



## **FILED**

May 01, 2003 8:00 am Secretary of State
Secretary of State
05-01-2003 90981 043 ***150.00

NAME STREET ADDRESS CITY-ST-ZIP  TITLE DS GRUNGLASSE, JORGE TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS													
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GRUNGLASSE, ROBERT 14727 SW 54 TERRACE MAMI FL 33185    City   FL   Zip Code   City   FL		6. Name	and Address of Curre	nt Registere	d Agent			7. [	Name and Address of New Re	gistered A	ent		1
14727 SW 54 TERRACE MIAMI FL 33185  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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or prind have of registered agent.  SIGNATURE  Signature, typed or prind have of registered agent.  SIGNATURE  Signature, typed or prind have of registered agent.  SIGNATURE  Signature, typed or prind have of registered agent.  SIGNATURE  Signature, typed or prind have of registered agent.  SIGNATURE  Signature, typed or prind have of registered agent.  SIGNATURE  Signature, typed or prind have of registered agent.  SIGNATURE  Signature, typed or prind have of registered agent.  SIGNATURE  Signature, typed or prind have of registered agent.  SIGNATURE  Signature, typed or prind have of registered agent.  SIGNATURE  Signature, typed or prind have of registered agent.  SIGNATURE  Signature, typed or prind have of registered agent.  SIGNATURE	GRUNGI A	SSE RORE	:RT				Name						
MAMI FL 33185  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature types of printer rank of registered agent and title it applicable   (NOTE Protessee Agent signature required when revisating)   DATE		-					Street Addres	is (P.O. 8	(P.O. Box Number is Not Acceptable)				
City FL Zip Code  6. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    City FL Zip Code    City FL Zip Code			CE						<del></del>	<del></del>			┨
B. 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. I am familiar with, and accept the obligations of registered agent.    Signulus logical or prints rans of registered agent and its if applicable   (NOTE: Propaseed Agent agentus required when remaining)   DATE	MIAMI FL	33185											
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**After May 1, 2003 Fee will be \$550.00 May Be Added to Fees Make Check Payable to Florida Department of State  10.	SIGNATURE .	Signature, typed	or printed name of registered ag	ent and title if appli	cable. (NO	E: Registere	d Agent signature requ	ired when re	einstating)	DATE			
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		ertify that the	information supplied w	vith this filing o	ioes not qualify fo			Section	119 07(3)(i) Florida Statutas Lf	urther certif	v that the	information	1

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNAJOUS PERINED SIGNATURE AND TYPEYOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #