

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V36746

1. Entity Name
FRAGRANCE MARKETING GROUP, INC.

Principal Place of Business
6795 N.W. 87th Avenue
Miami, Florida 33178

Mailing Address
6795 N.W. 87th Avenue
Miami, FL 33178

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 13 PM 4:58

2. Principal Place of Business
6795 N.W. 87th Avenue
Suite, Apt. #, etc.

3. Mailing Address
6795 N.W. 87th Avenue
Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

Zip 33178 **Country** USA

Zip 33178 **Country** USA

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

4. FEI Number 650334733 **Applied For** ☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent
C T Corporationssystem
1200 South Pine Island Road.
Plantation, FL 33324

7. Name and Address of New Registered Agent
Name Blaxberg, Grayson, Kukoff & Segal, P.A.
Street Address (P.O. Box Number is Not Acceptable)
25 Southeast Second Avenue, Suite 730
City Miami **FL** **Zip Code** 33131

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  **DATE** 12/10/00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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	D Garcia, Rene A. 6795 N.W. 87th Avenue Miami, Florida 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition No Additions/Changes
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Norona, Jose Miguel 6795 N.W. 87th Avenue Miami, Florida 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition No Additions/Changes
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 800003509228- -12/21/00--01017--013 ****908.75 ****908.75
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 12/18
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
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:  **DATE** 12/11/00 **Daytime Phone #** 305-594-4666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)