

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90228 016 ***150.00

DOCUMENT # V41253

1. Entity Name

SOUTHERN FRAGRANCES OF CORAL SPRINGS, FLA, INC.

Principal Place of Business

**1250 UNIVERSITY DR
 CORAL SPRINGS FL 33071**

Mailing Address

**1250 UNIVERSITY DR
 CORAL SPRINGS FL 33071**

2. Principal Place of Business

9740 NW 18th Dr

3. Mailing Address

9740 NW 18th Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation, FL 33322

City & State

Plantation, FL 33322

Zip
3322

Country
USA

Zip
33322

Country
USA

4. FEI Number

65-0356106

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**FILINGS, INC.
 3732 NW 16TH ST
 FT LAUDERDALE FL 33311**

7. Name and Address of New Registered Agent

Name **Scott Garfinkle**

Street Address (P.O. Box Number is Not Acceptable)
9740 NW 18th Dr

City
Plantation

FL

Zip Code
33322

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 \$150.00
 After May 1, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARFINKLE, SCOTT 1250 UNIVERSITY DR CORAL SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, SINDY 1250 UNIVERSITY DR CORAL SPRINGS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARFINKLE, SCOTT 9740 NW 18 DR PLANTATION, FL 33322	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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:

SCOTT GARFINKLE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/02 954-474-9757

CR2E034 (9/01)