

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 02, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000078435**1. Entity Name  
**AUTHENTIC AROMAS, INC.****Principal Place of Business**

9610 S.W. 45TH TERRACE

MIAMI  
33165

FL

**Mailing Address**

9610 S.W. 45TH TERRACE

MIAMI  
33165

FL

**2. Principal Place of Business****3. Mailing Address**

6121 WEST 24TH AVENUE

Suite, Apt. #, etc.

108

Suite, Apt. #, etc.

City &amp; State

City &amp; State

MIAMI

FL

Zip

Country

Zip

Country

33016

4. FEI Number

**65-1038963**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****HERRERA MAURICIO J**  
**6121 WEST 24TH AVENUE**  
**APARTMENT #105**  
**HIALEAH**  
**33016** US

FL

**7. Name and Address of New Registered Agent**

Name

**HERRERA MAURICIO J**

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

**6121 WEST 24TH AVENUE**

108

City  
**HIALEAH****FL**Zip Code  
**33016**

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)

**04/02/2001**

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, 2001 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  
STD  
LAJO KATHY  
6121 WEST 24TH AVENUE, APT. 105  
HIALEAH FL 33016 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
LAJO KATHY  
6121 WEST 24TH AVENUE, APT. 108  
HIALEAH FL 33016 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
DUENAS LUIS  
6121 WEST 24TH AVENUE, APT. 105  
HIALEAH FL 33016 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
DUENAS LUIS  
6121 WEST 24TH AVENUE, APT. 108  
HIALEAH FL 33016 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
HERRERA MAURICIO J  
6121 WEST 24TH AVENUE, APT. 105  
HIALEAH FL 33016 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
HERRERA MAURICIO J  
6121 WEST 24TH AVENUE, APT. 108  
HIALEAH FL 33016 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
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☐ DeleteTITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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: MAURICIO J. HERRERA**

PD

04/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)