

3/28

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 21, 2002 8:00 am
Secretary of State

03-28-2002 90787 020 ****61.25

DOCUMENT # N01000007829

1. Entity Name

AROMAS DE PUERTO RICO OF FLORIDA, INC.

Principal Place of Business

**4663 MARTHA LOUISE DR
W PALM BCH FL 33417**

Mailing Address

**4663 MARTHA LOUISE DR
W PALM BCH FL 33417**

2. Principal Place of Business

4663 Martha Loise Dr.

Suite, Apt. #, etc.

3. Mailing Address

4663 Martha Loise Dr.

Suite, Apt. #, etc.

City & State

West Palm Beach FL

Zip

33417

Country

Palm Beach

City & State

West Palm Beach FL

Zip

33417

Country

Palm Beach

4. FEI Number

66-0609989

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**ORTIZ, CARMEN O
4663 MARTHA LOUISE DR
W PALM BCH FL 33417**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 **Carmen O. Ortiz**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-18-02**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PF	<input type="checkbox"/> Delete
NAME	ORTIZ, CARMEN O	
STREET ADDRESS	4663 MARTHA LOUISE DR	
CITY-ST-ZIP	W PALM BCH FL 33417	

TITLE	C	<input type="checkbox"/> Delete
NAME	MERCADO, LIZETTE	
STREET ADDRESS	5268 EL BOSQUE LN #28	
CITY-ST-ZIP	W PALM BCH FL 33415	

TITLE	S	<input type="checkbox"/> Delete
NAME	CRUZ, CARMEN	
STREET ADDRESS	1680 WINDORAH WAY	
CITY-ST-ZIP	W PALM BCH FL 33411	

TITLE	T	<input type="checkbox"/> Delete
NAME	RIVERA, FELIX	
STREET ADDRESS	1680 WINDORAH WAY	
CITY-ST-ZIP	W PALM BCH FL 33411	

TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, DAVID	
STREET ADDRESS	4217 NW 120 LN	
CITY-ST-ZIP	SUNRISE FL 33323	

TITLE		<input type="checkbox"/> Delete
NAME	Ana Mangual T	
STREET ADDRESS	121 Rosewood Ln.	
CITY-ST-ZIP	Greenacres, Fl 33463	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Miguel Mercado T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4663 Martha Louise Dr.	
CITY-ST-ZIP	W.P.B., Fl. 33417	

TITLE	Cesar Jimenez T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8378 Cypress Dr.	
CITY-ST-ZIP	Lake Worth, Fl. 33467	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, 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:

Carmen O. Ortiz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-18-02 561-822-4560

CR2E037 (9/01)