

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91298 017 *****75.00

DOCUMENT # 66-0609989

1. Entity Name *NO1000007829*
AROMAS DE PUERTO RICO OF FLORIDA
INC.



DO NOT WRITE IN THIS SPACE

11023982

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4663 Martha Louise Dr.

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

West Palm Beach

City & State

Florida

4. FEI Number

66-0609989

Applied For

Not Applicable

Zip

33417

Country

Palm Beach

Zip

33417

Country

P.B.

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

Carmen O. Ortiz

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/03

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PF
NAME Carmen O. Ortiz
STREET ADDRESS 4663 Martha Louise Dr.
CITY-ST-ZIP W.P.B., Fl 33417

TITLE E
NAME Lizette Mercado
STREET ADDRESS 5268 El Bosque Ln. #28
CITY-ST-ZIP WPB, Fl 33415

TITLE S
NAME Carmen Cruz
STREET ADDRESS 1165 D Summit Trail Cir
CITY-ST-ZIP W.P.B., Fl 33415

TITLE T
NAME Felix Rivera
STREET ADDRESS Summit Trail Circ 1165 D
CITY-ST-ZIP W.P.B., Fl 33415

TITLE D
NAME David Rodriguez
STREET ADDRESS 4217 NW 120 Ln
CITY-ST-ZIP Sunrise, Fl. 33323

TITLE
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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Carmen O. Ortiz

4/23/03

561)822-4560

CR2E037B (12/02)