

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 & State

City & 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**

TITLE	STD	☐ Delete
NAME	LAJO KATHY	
STREET ADDRESS	6121 WEST 24TH AVENUE, APT. 105	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	VD	☐ Delete
NAME	DUEÑAS LUIS	
STREET ADDRESS	6121 WEST 24TH AVENUE, APT. 105	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	PD	☐ Delete
NAME	HERRERA MAURICIO J	
STREET ADDRESS	6121 WEST 24TH AVENUE, APT. 105	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STD	☒ Change ☐ Addition
NAME	LAJO KATHY	
STREET ADDRESS	6121 WEST 24TH AVENUE, APT. 108	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	VD	☒ Change ☐ Addition
NAME	DUEÑAS LUIS	
STREET ADDRESS	6121 WEST 24TH AVENUE, APT. 108	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	PD	☒ Change ☐ Addition
NAME	HERRERA MAURICIO J	
STREET ADDRESS	6121 WEST 24TH AVENUE, APT. 108	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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)