

2001 UNIFORM BUSINESS REPORT (UBR)

5/11

FILED
Jun 21, 2001 8:00 am
Secretary of State

05-11-2001 90002 023 ***150.00

DOCUMENT # P00000089500

1. Entity Name

AROMA CENTER, INC.

Principal Place of Business

**3990 W. FLAGLER ST., SUITE 304
MIAMI FL 33134**

Mailing Address

**3990 W. FLAGLER ST., SUITE 304
MIAMI FL 33134**

2. Principal Place of Business

3990 W. Flagler St. S

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite # 304

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Same

Zip

33134

Country

Zip

Country

4. FEI Number

65-1056242

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BANDINEL, MARTHA L
1106 NE 86TH ST.
MIAMI FL 33138**

7. Name and Address of New Registered Agent

Name **Bandinel, Martha L.**
Street Address (P.O. Box Number is Not Acceptable)
14601 N. Spur Dr
Miami FL
City **FL** Zip Code **33161**

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 596 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, 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	Director - General	<input type="checkbox"/> Delete
NAME	Martha Bandinel	
STREET ADDRESS	14601 N. Spur Dr	
CITY-ST-ZIP	Miami FL, 33161	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Harry Bandinel	
STREET ADDRESS	14601 N. Spur Dr.	
CITY-ST-ZIP	Miami, FL 33161	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Martha L. Bandinel** **Martha L. Bandinel**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/2001

Date

305-940-1414
305-648-0917

Daytime Phone #

CR2E034 (10/00)