

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90969 049 ***150.00

DOCUMENT # P01000033029

1. Entity Name
AROMAS OF LOVE, INC.



Principal Place of Business
12818 CEDAR FOREST DR #203
TAMPA FL 33625

Mailing Address
12818 CEDAR FOREST DR #203
TAMPA FL 33625

2. Principal Place of Business
12818 CEDAR FOREST DR #203

3. Mailing Address
12818 CEDAR FOREST DR.

Suite, Apt. #, etc.
203

Suite, Apt. #, etc.
203

☒ **CHECK HERE IF MAKING CHANGES**

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number
59-3730604

Applied For
Not Applicable

Zip
33625

Country
USA

Zip
33625

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANZ, VICTOR R
12818 CEDAR FOREST DR #203
TAMPA FL 33625

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PD SANZ, GABRIELA T	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	12818 CEDAR FOREST DR #203	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE NAME	SD SANZ, JESSICA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	12818 CEDAR FOREST DR #203	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE NAME	V SANZ, VICTOR	<input type="checkbox"/> Delete
STREET ADDRESS	12818 CEDAR FOREST DR #203	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	PD SANZ, VICTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	12818 CEDAR FOREST DR #203	
CITY-ST-ZIP	TAMPA, FL 33625	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, 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:

SANZ, VICTOR R

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/03 (813)6902752

Date

Daytime Phone #

CR2E034 (10/02)