

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90053 027 \*\*\*150.00

**DOCUMENT #** P01000110564

**1. Entity Name**  
**AROMAGIA CORP.**

**Principal Place of Business**

16118 S.W. 106 TERRACE  
 MIAMI FL 33196

**Mailing Address**

16118 S.W. 106 TERRACE  
 MIAMI FL 33196



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

26-0005063

Applied For

Not Applicable

**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**

EGANA, JAIME E  
 9450 LIVE OAK PLACE  
 FORT LAUDERDALE FL 33324

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.**

**SIGNATURE** *Norma Gajardo*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-26-02

**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, 2002 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** P ☒ Delete  
**NAME** FAJARDO, NORMA G  
**STREET ADDRESS** 16118 SW 106 TERRACE  
**CITY-ST-ZIP** MIAMI FL 33196

**TITLE** V ☐ Change ☒ Addition  
**NAME** Mirtha Robertson  
**STREET ADDRESS** 4152 NW 112 Ct.  
**CITY-ST-ZIP** Miami, FL 33178

**TITLE** ☒ Delete  
**NAME** GUERRERO, JOSE H  
**STREET ADDRESS** 16118 SW 106 TERRACE  
**CITY-ST-ZIP** MIAMI FL 33196

**TITLE** P ☒ Change ☐ Addition  
**NAME** Guerrero, Jose H  
**STREET ADDRESS** 16118 SW 106 Tcr.  
**CITY-ST-ZIP** Miami, FL 33196

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**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:** *Norma Gajardo*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-26-02

CR2E034 (9/01)