

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90203 048 \*\*\*150.00

**DOCUMENT # P02000122789**

**1. Entity Name**  
**ARONCA, CORP.**



**Principal Place of Business**  
**780 NW 42ND AVENUE, SUITE 420**  
**MIAMI FL 33126**

**Mailing Address**  
**780 NW 42ND AVENUE, SUITE 420**  
**MIAMI FL 33126**

**2. Principal Place of Business**  
**11244 NW 56 St.**  
**Suite, Apt. #, etc.**

**3. Mailing Address**  
**11244 NW 56 St.**  
**Suite, Apt. #, etc.**

**City & State**  
**MIAMI, FLORIDA**

**City & State**  
**MIAMI, FL**

**4. FEI Number**  
**41-2078766**

**Applied For**  
**Not Applicable**

**Zip**  
**33178** **Country**  
**USA**

**Zip**  
**33178** **Country**  
**USA**

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

**6. Name and Address of Current Registered Agent**

**MAZZA-MARTINEZ, TANIA A**  
**780 NW 42ND AVENUE, SUITE 420**  
**MIAMI FL 33126**

**7. Name and Address of New Registered Agent**

**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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

2/19/03

**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**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>TORRES, ANER</b> <b>780 NW 42ND AVENUE, SUITE 420</b> <b>MIAMI FL 33126</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> <b>TORRES-MENDOZA, NORA</b> <b>780 NW 42ND AVENUE, SUITE 420</b> <b>MIAMI FL 33126</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>TORRES, JULIO C</b> <b>780 NW 42ND AVENUE, SUITE 420</b> <b>MIAMI FL 33126</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MS</b> <b>TORRES, ABNER</b> <b>780 NW 42ND AVENUE, SUITE 420</b> <b>MIAMI FL 33126</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete

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

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>TORRES, ANER</b> <b>11244 NW 56 St</b> <b>MIAMI, FL 33178</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> <b>TORRES-MENDOZA, NORA</b> <b>11244 NW 56 St</b> <b>MIAMI, FL 33178</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>TORRES, JULIO C</b> <b>11244 NW 56 St</b> <b>MIAMI, FL 33178</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MS</b> <b>TORRES, ABNER</b> <b>11244 NW 56 St</b> <b>MIAMI, FL 33178</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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: +** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/03

Date

305-4465353

Daytime Phone #

CR2E034 (10/02)