

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90729 003 ***150.00

0000429 AV

DOCUMENT # P02000128581

1. Entity Name

ARO INVESTMENTS, INC.



Principal Place of Business
1247 ALTON ROAD
MIAMI BEACH FL 33139

Mailing Address
1247 ALTON ROAD
MIAMI BEACH FL 33139

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

56-231-9480

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

AMADOR, ALEJANDRO
1247 ALTON ROAD
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name **Amador, Alejandro**
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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	AMADOR, ALEJANDRO	1247 ALTON ROAD MIAMI BEACH FL 33139	<input type="checkbox"/>
	D	GONZALEZ, RENE M	1247 ALTON ROAD MIAMI BEACH FL 33139	<input type="checkbox"/>
	D	FERNANDEZ, OSCAR	1247 ALTON ROAD MIAMI BEACH FL 33139	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D			<input type="checkbox"/>	<input type="checkbox"/>
	D			<input type="checkbox"/>	<input type="checkbox"/>
	D			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/03

Date

786-486 9841

Daytime Phone #

CR2E034 (10/02)

Attachment

#P02000128581

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 A
0134648420

Your Telephone Number Best Time to Call
(786) 486-9841 11am - 5:00pm

DATE OF THIS NOTICE: 03-07-2003
EMPLOYER IDENTIFICATION NUMBER: 56-2319480
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
HOLTSVILLE NY 00501-0023

0050100239

ARO INVESTMENTS INC
1247 ALTON RD
MIAMI BEACH FL 33139