

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 14, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000006201**1. Entity Name
AROMAKER INDUSTRIES INC.

Principal Place of Business

14852 SW 148 ST. CIR.

MIAMI
33186

FL

Mailing Address

14852 SW 148 ST. CIR.

MIAMI
33186

FL

2. Principal Place of Business

14852 SW 148 ST. CIR.

3. Mailing Address

14852 SW 148 ST. CIR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI

FL

City & State

MIAMI

FL

Zip
33196

Country

Zip
33196

Country

4. FEI Number

65-0752989

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CAIVO JOSEPH J
14852 SW 148 ST. CIR.MIAMI
33186

FL

7. Name and Address of New Registered Agent

Name

CALVO JOSEPH J

Street Address (P.O. Box Number is Not Acceptable)
14852 SW 148 ST. CIR.City
MIAMI

FL

Zip Code
33196

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 **JOSEPH J. CALVO**

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

(NOTE: Registered Agent signature required when reinstating)

04/14/2001

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
NAME CAIVO JOSEPH J ☐ Delete
STREET ADDRESS 14852 SW 148 ST. CIR.
CITY-ST-ZIP MIAMI FL 33186TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME CAIVO JOSEPH J ☒ Change ☐ Addition
STREET ADDRESS 14852 SW 148 ST. CIR.
CITY-ST-ZIP MIAMI FL 33196TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
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: **Joseph J. Calvo**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DPS

04/14/2001

Date

Daytime Phone #

CR2E034 (11/00)