

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000081905

1. Entity Name

ARONI (G.P.), INC.

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90144 027 ***550.00

Principal Place of Business

6767 NW 74TH AVE
MIAMI FL 33166
US

Mailing Address

6767 NW 74TH AVE
MIAMI FL 33166
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0787742

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~ALVARADO, MIGDALIA~~

6767 NW 74TH AVE
MIAMI FL 33166

Name

SHLOMO BEN TOV

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

6767 NW 74 AVE

City

MIAMI

FL

Zip Code

33166

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

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

(NOTE: Registered Agent signature required when re-registering)

07-07-00

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

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FILE NOW!!! FEE IS \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME BEN-TOV, ELENA
STREET ADDRESS 9500 SW 95TH COURT
CITY-ST-ZIP MIAMI FL 33176

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE SHLOMO BEN TOV - DIRECTOR
NAME
STREET ADDRESS 8900 SW 104 ST
CITY-ST-ZIP MIAMI, FL 33176

☐ Change ☒ Addition

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-07-00 (305) 863-0727

Date

Daytime Phone #

CR2E034 (5/00)