2001 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED

02 AUG -8 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000029501

1. Entity Name

APHRODITE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3090 N.E. 48th STREET		3090 N.E. 48th STREET	
Suite, Apt. #, etc. UNIT 317		Suite, Apt. #, etc. UNIT 317	
City & State FT.LAUDERDALE FLORIDA		City & State FT.LAUDERDALE FLORIDA	
Zip 33308	Country US	Zip 33308	Country US

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4. FEI Number 65-0525356 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name APHRODITE JONES

Street Address (P.O. Box Number is Not Acceptable) 3090 NE 48th STREET UNIT 317

City FT.LAUDERDALE FL 33308

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 reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	DP	TITLE	
NAME	APHRODITE JONES	NAME	
STREET ADDRESS	3090 NE 48th STREET UNIT 317	STREET ADDRESS	
CITY-ST-ZIP	FT.LAUDERDALE FLORIDA 33308	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 7/23/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JJ 8/8/02