2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 29, 2000 8:00 am
Secretary of State
05-17-2000 90853 025 ***150.00

DOCUMENT # P99000019498

1. Entity Name

ARO TRADING, INC.

R

Principal Place of Business	Mailing Address
18331 PINES BOULEVARD #196 PEMBROKE PINES FL 33029	18331 PINES BOULEVARD #196 PEMBROKE PINES FL 33029-1413

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2088 SW 175 AVE	2088 SW 175 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIRAMAR FL.	City & State: MIRAMAR, FL.
Zip: 33029 Country: USA	Zip: 33029 Country: USA

4. FEI Number: 65-1014480 ☐ Applied For ☐ Not Applicable

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
HUAMAN, ORESTES 18331 PINES BOULEVARD #196 PEMBROKE PINES FL 33029	Name: HUAMAN, ORESTES Street Address (P.O. Box Number is Not Acceptable): 2088 SW 175 AVE City: MIRAMAR, FL Zip Code: 33029

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 _____ 4/27/00
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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV (P) 1. ☐ Delete ESPINOSA, PEDRO E 17405 S.W. 35 STREET MIRAMAR FL 33029	TITLE 3. / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ESPINOZA, PEDRO E. (SAME) ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP (S) 2. ☐ Delete HUAMAN, ORESTES 18331 PINES BLVD #196 PEMBROKE PINES FL 33029	TITLE 1. / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HUAMAN, ORESTES 2088 SW 175 AVE MIRAMAR FL. 33029 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS (V) 3. ☐ Delete HUAMAN, ROXANA M 18331 PINES BLVD #196 PEMBROKE PINES FL 33029	TITLE 2. / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HUAMAN, ROXANA M. 2088 SW 175 AVE MIRAMAR, FL 33029 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT (T) 4. ☐ Delete ESPINOSA, JOSEFINA J 17405 SW 35 STREET MIRAMAR FK 33029	TITLE 4. / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ESPINOZA, JOSEFINA J. (SAME) ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: _____ 4/27/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #