

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000293782**

1. Entity Name

**PROVINCIA AROMAS COMPANY**

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90045 040 \*\*\*150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

**6538 Collins Ave**

3. Mailing Address

**6538 Collins Ave**

Suite, Apt. #, etc.

**339**

Suite, Apt. #, etc.

**339**

City & State

**MIAMI BEACH FL**

City & State

**MIAMI BEACH FL**

4. FEI Number

**65-095 7690**

Applied For

Not Applicable

Zip

**33141-4694**

Country

**USA**

Zip

**33141-4694**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MAX M. BEDACHT JR**  
**6538 COLLINS AVE #339**  
**MIAMI BEACH, FL**  
**33141-4694**

7. Name and Address of New Registered Agent

Name

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.

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)

☒

**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

TITLE **PRESIDENT** ☐ Delete  
NAME **MAX M. BEDACHT JR.**  
STREET ADDRESS **6538 COLLINS AVE #339**  
CITY-ST-ZIP **MIAMI BEACH FL 33141-4694**

TITLE **VICE PRESIDENT** ☐ Delete  
NAME **MARIA BEDACHT**  
STREET ADDRESS **6538 COLLINS AVE #339**  
CITY-ST-ZIP **MIAMI BEACH, FL 33141-4694**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

**Max M. Bedacht Jr**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**23 MAR 2000** **404-978-1260**  
Date Daytime Phone # **X 5213**

CR2E034 (9/99)