

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91174 019 \*\*\*150.00

UNIFORM  
AV

**DOCUMENT # P02000132427**

1. Entity Name  
**AVALON AROMAS INC.**



Principal Place of Business  
**8180 NW 66 ST  
MIAMI FL 33166**

Mailing Address  
**8180 NW 66 ST  
MIAMI FL 33166**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
City & State

Zip  
Country

Zip  
Country

4. FEI Number  
**11-3667854**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MONROY, MARCOS  
540 BRICKELL KEY DR APT 409  
MIAMI FL 33131**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MONROY, MARCOS</b>	
STREET ADDRESS	<b>540 BRICKELL KEY DR APT 409</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>PEREZ, MARIENE</b>	
STREET ADDRESS	<b>7025 GREENTREE LN</b>	
CITY-ST-ZIP	<b>MIAMI LAKES FL 33014</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>NEVLING, DORIS</b>	
STREET ADDRESS	<b>3002 PORTO FINO ISLE K-1</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL 33066</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **SIGNATURE REQUIRED**

**4/1/03**

CR2E034 (10/02)