


FILED
Jul 07, 2003 8:00 am
Secretary of State

05-15-2003 90121 023 ***150.00
 07-07-2003 90311 015 ***400.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000037537

1. Entity Name
IOAN-AURELIA CORPORATION, INC.



Principal Place of Business
**253-C E COMMERCIAL BLVD
 LAUDERDALE BY THE SEA FL 33308**

Mailing Address
**253-C E COMMERCIAL BLVD
 LAUDERDALE BY THE SEA FL 33308**

2. Principal Place of Business
253-C COMERCIAL BLV

3. Mailing Address

Suite, Apt. #, etc.
SUITE C.

City & State
LAUDERDALE BY THE SEA

City & State

Zip
33308

Country
FLORIDA

4. FEI Number **65-1102454**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**AVRAM, AURELIA
 253-C E COMMERCIAL BLVD
 LAUDERDALE BY THE SEA FL 33308**

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVRAM, IOAN 253-C E COMMERCIAL BLVD LAUDERDALE BY THE SEA FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVRAM, AURELIA 253-C E COMMERCIAL BLVD LAUDERDALE BY THE SEA FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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** *[Signature]* **06-05-2003-9174 491 4929**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)