**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 20, 2002 8:00 am P96000006061 DOCUMENT # **Secretary of State Entity Name** 02-20-2002 90082 041 \*\*\*150.00 AUREN ENTERPRISES, INC. incipal Place of Business Mailing Address 6650 NW 101ST TERRACE 5650 NW 101ST TERRACE PARKLAND FL 33076 PARKLAND FL 33076 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0644442 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -: - 7. Name and Address of New Registered Agent PEDROSA. SHARON Street Address (P.O. Box Number is Not Acceptable) 6650 NW 101ST TERRACE PARKLAND FL 33076 Zip Code 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. IGNATURE 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TILE Addition ☐ Delete TITLE PEDROSA, SHARON AME NAME 1112 WESTON ROAD, SUITE 219 TREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33326 ITY-ST-ZIP CITY-ST-ZIP ΊΤLE ☐ Delete TITLE ☐ Change ☐ Addition IAME. NAME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP ITLE ☐ Delete TITLE ☐ Change ☐ Addition IAME NAME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP ITLE ☐ Delete TITLE Change Addition . Jame NAME TREET ADDRESS STREET ADDRESS ZITY-ST-ZIP CITY-ST-ZIP TITLE ITLE □ Delete ☐ Change ☐ Addition VAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ÎITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 februs 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 of trusted appowered to execute this poort 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 any logical solution.

SIGNATURE:

CR2E034 (9/01)