

FILED
Jul 15, 2002 8:00 am
Secretary of State

02-11-2002 90035 031 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000055116

1. Entity Name

NAURAS CORP.

Principal Place of Business 3502 N POWERLINE RD POMPANO BEACH, FL 33069	Mailing Address 3502 N POWERLINE RD POMPANO BEACH, FL 33069
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97269

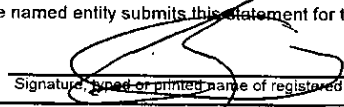
2. Principal Place of Business 3502 N POWERLINE RD. Suite, Apt. #, etc. 3502	3. Mailing Address 3502 N POWERLINE RD Suite, Apt. #, etc. 3502
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DO NOT WRITE IN THIS SPACE

City & State POMPANO BEACH, FLORIDA	City & State POMPANO BEACH, FLORIDA	4. FEI Number 65-0678709	Applied For Not Applicable
Zip 33069	Country USA	Zip 33069	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75	Additional Fee Required

6. Name and Address of Current Registered Agent ABOU, ZAMEL 3502 N POWERLINW RD POMPANO BEACH, FL 33069	7. Name and Address of New Registered Agent Name ABOU, ZAMEL Street Address (P.O. Box Number is Not Acceptable) 3502 N POWERLINE RD. City POMPANO BEACH FL Zip Code 33069
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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  7/9/2002
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDST ABOU, ZAMEL 3502 N POWERLINE RD. POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2004 (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:  7/9/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #