## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 21, 2000 8:00 am Secretary of State DOCUMENT # P97000066556 AURUM CHEMICALS CORP. 03-21-2000 90060 045 \*\*\*150.00 Mailing Address Principal Place of Business 9260 SW 72 ST 9260 SW 72 ST 044(110 #206 #206 MIAMI FL 33173-3255 MIAMI FL 33173 IJŝ 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0784032 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KENNEY, JUDITH Street Address (P.O. Box Number is Not Acceptable) MONTELLO & KENNEY, P.A. 777 BRICKELL AVE #1070 MIAMI FL 33131 City Zip Code FL 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE Change ☐ Addition □ Delete TITLE AVILA-CASTELLANOS, RODRIGO NAME CASTELLANOS, RODRIGO A NAME 9260 SW 72ND ST., STE. 206 STREET ADDRESS 9260 SW 72 ST- STE 206 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33173 CITY-ST-ZIP **MIAMI FL 33173** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete 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 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.

INTED LAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Date

Daytime Phone #