

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000089384

**FILED**  
**Feb 10, 2023**  
**Secretary of State**  
**7473801863CC**

**Entity Name:** AURORA TRUST MIAMI CORP.

**Current Principal Place of Business:**

1680 MICHIGAN AVE  
STE 700  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1680 MICHIGAN AVE  
STE 700  
MIAMI BEACH, FL 33139

**FEI Number:** 47-2740408

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GENTILE, MARIA  
1680 MICHIGAN AVE  
STE 700  
MIAMI BEACH, FL 33139 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent Date

**Officer/Director Detail :**

Title D  
Name NOVEBACI, CLAUDIO  
Address 1881 79TH ST CSWAY APT 801  
City-State-Zip: NORTH BAY VILLAGE FL 33141

Title P  
Name NOVEBACI, CLAUDIO  
Address 1881 79TH ST CSWAY APT 801  
City-State-Zip: NORTH BAY VILLAGE FL 33141

Title VP  
Name NOVEBACI, CLAUDIO  
Address 1881 79TH ST CSWAY APT 801  
City-State-Zip: NORTH BAY VILLAGE FL 33141

Title S  
Name NOVEBACI, CLAUDIO  
Address 1881 79TH ST CSWAY APT 801  
City-State-Zip: NORTH BAY VILLAGE FL 33141

Title T  
Name NOVEBACI, CLAUDIO  
Address 1881 79TH ST CSWAY APT 801  
City-State-Zip: NORTH BAY VILLAGE FL 33141

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CLAUDIO NOVEBACI D 02/10/2023  
\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail Date