

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

028765 AV

DOCUMENT # 351876

1. Entity Name
AURO MOTOR CO. INC.



04-11-2003 90177 001 ***150.00

Principal Place of Business
**4501 S W 8TH STREET
MIAMI FL 33134**

Mailing Address
**4501 S W 8TH STREET
MIAMI FL 33134**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1269591**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERKOWITZ, IVONNE M
1861 SW 19 ST
MIAMI FL 33145**

Name **Emilio Berkowitz**
Street Address (P.O. Box Number is Not Acceptable) **4501 S.W. 8 Street**
City **Miami** FL Zip Code **33134**

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 10

TITLE **VST** ☒ Delete
NAME **BERKOWITZ, IVONNE M**
STREET ADDRESS **1861 SW 19 STREET**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE **President** ☐ Change ☒ Addition
NAME **BERKOWITZ, Emilio**
STREET ADDRESS **1861 S.W 19 STREET**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE **D** ☒ Delete
NAME **DIAZ, LYDIA**
STREET ADDRESS **1150 SW 8 ST**
CITY-ST-ZIP **MIAMI FL 33134**

TITLE **VST** ☐ Change ☒ Addition
NAME **FERRER TIRSO**
STREET ADDRESS **6750 SW 6 STREET**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/03 (3072664151)
Date Daytime Phone #

CP2E034 (10/02)