

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729436

1. Entity Name

AURA APARTMENTS, INC.

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90167 011 \*\*\*\*61.25

Principal Place of Business Mailing Address  
901 SOUTH B STREET 901 SOUTH B STREET  
LAKE WORTH FL 33460-4786 LAKE WORTH FL 33460-4711



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

4. FEI Number 65-0046663 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
VITTANEN, LAURI  
901 SOUTH B. ST. APT 101  
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
VD KAUFMAN, MARTIN 901 SOUTH B STREET LK WORTH, FL 00000 33460  
TD SIPONMAA, AINO 901 SOUTH B STREET LK WORTH, FL 00000 33460  
SD GILVERSON, JOHN 901 SOUTH B STREET LK WORTH, FL 00000 33460  
PD LEHTONEN, OLLIE 901 SOUTH B STREET LK WORTH FL 33460

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Change Addition  
Change Addition  
Change Addition  
Change Addition  
Change Addition

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 617, 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.

Aino K. Siponmaa

SIGNATURE: *Aino K. Siponmaa* 901 S.B St. Apt. #203 Lake Worth, FL 33460 2/7-2000 Tel. 561-533-6943

CR2E037 (9/99)