

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002475

1. Entity Name
AURORA GLOBAL GROUP, LLC

Principal Place of Business
2875 N.E. 191TH STREET
STE 603
AVENTURA FL 33180

Mailing Address
2875 N.E. 191TH STREET
STE 603
AVENTURA FL 33180

FILED

2001 APR 27 PM 1:01

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1027732

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENINSULA REGISTERED AGENTS, INC.
200 SOUTH BISCAYNE BLVD, #4874
MIAMI FL 33131

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.

(NOT) Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

100004218791--3
-05/15/01--01141--024
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE ☐ Delete
NAME *MANAGING MEMBER*
STREET ADDRESS *JAMES GRAY*
CITY-ST-ZIP *1370 WEST LINCOLN*
BIRMINGHAM, MI 48009

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

TITLE ☐ Delete
NAME *M.M.*
STREET ADDRESS *JAMES DOWD*
CITY-ST-ZIP *801 WEST BIG BEAVER ROAD, 5TH FLOOR*
TROY, MICHIGAN 48064-4767

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

TITLE ☐ Delete
NAME *M.M.*
STREET ADDRESS *ERNESTO CARRIZOSA*
CITY-ST-ZIP *2875 NE 191 ST.*
AVENTURA, FL 33180

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

TITLE ☐ Delete
NAME *M.M.*
STREET ADDRESS *ELIJAH MESSER*
CITY-ST-ZIP *2875 NE 191 ST. #603*
AVENTURA, FL 33180

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

TITLE ☐ Delete
NAME *M.M.*
STREET ADDRESS *MARCO VON LUBOW*
CITY-ST-ZIP *2875 NE 191 ST. #603*
AVENTURA, FL 33180

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/26/01

305-931-3465

Date

Daytime Phone #

CR2E083 (11/00)