

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L92672

1. Entity Name

AURORA ONE CORP.

Principal Place of Business

Mailing Address

C/O MICHAEL STEVEN GREENE, ESQ.  
201 S. BISCAYNE BLVD., SUITE 900  
MIAMI FL 33131

C/O MICHAEL STEVEN GREENE, ESQ.  
201 S. BISCAYNE BLVD., SUITE 900  
MIAMI FL 33131-4326

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90002 004 \*\*\*150.00

C0096025

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2 S. Biscayne Blvd.

3. Mailing Address

2 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite 3400

Suite, Apt. #, etc.

Suite 3400

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0212751

Applied For

Not Applicable

Zip

Country

33131

USA

Zip

Country

33131

USA

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

GREENE, MICHAEL STEVEN ESQ.  
ZUCKERMAN, SPAEDER, TAYLOR & EVANS, LLP  
201 S. BISCAYNE BLVD., SUITE 900  
MIAMI FL 33131

Name

Valdes-Fauli Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

2 S. Biscayne Blvd.

Suite 3400

City

Miami

FL

Zip Code

33131

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.

VALDES-FAULI CORPORATE SERVICES, INC.

SIGNATURE By: *Raul E. Valdes-Fauli*

Raul E. Valdes-Fauli, President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
STARLING, DAWN  
201 S. BISCAYNE BLVD., SUITE 900  
MIAMI FL 33131

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Dawn A. Starling* 4/3/00 305-376-6000

CR2E034 P.1/1.0