2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9900000077 1. Entity Name AURAFIN BRIDAL LLC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS				
) 0	OFEB 25 AM 9: 1	5		
Principal Place of Business 14001 NORTHWEST 4TH STREET SUNRISE FL 33325 SUNRISE FL 33325-6206							(88188)) (18 18118) (801) (881) (881)	ARMI BAKII BEKII BBİKI	/11/1 111 111	
2. Principal Place of Business 6 701 Nob W1// Road Suite, Apt. #, etc. 3. Mailing Address 6701 Nob H1// Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE				
City & State THAMBRAS FL			City & State TAMARAC FL		4. FEIN	oumber 65-0881050	<u> </u>	oplied For ot Applicable		
Zip 	,	Country	- 3332/	Country		5Certif	cate of Status Desired	\$5.00 Ad Fee Require		
	and Address of Current			7. Name and Address of New Registered Agent						
Name Name										
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					Street Address (P.O. Box Number is Not Acceptable)					
					City FL Zip Code					
8. The above SIGNATURE	named entity	submits this statement for	the purpose of changing its	registered o	office or registe	red agent, c	or both, in the State of Florida.			
	Signature, typed o	r printed name of registered agent a	and title if applicable. (NOT	E: Registered Ag	ent signature require	d when reinstatir	g) E	DATE		
			FiLE No Make Check Pa		E IS \$50.00 epartment o	of State				
9.		MANAGING MEMBI	ERS/MEMBERS	10.			ADDITIONS/CHAP	NGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AURAFIN (14001 NOF SUNRISE F	RTHWEST 4TH STREET	□ Debrte	TITLE NAME STREET A CITY-ST-	j j	\sim	l 3/8/00	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET A	Ī			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			. Delete	TITLE NAME STREET A	DDRESS	-	70000316 -03/03/00 ******50.1	□ Change 54137: 01087	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delate	TITLE MAME STREET A GITY-ST-			******50。	プログログ Change	Addition	
TITLE HAME STREET ADDRESS CITY-ST-ZIP			☐ Delate	TITLE MAME SYREET A CITY-ST-				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Deinte	TITLE NAME STREET AI CITY-ST-				Change	Addition	
11. I hereby of indicated	on this report	is true and accurate and		r the exempt the same led	ion stated in Se al effect as if r	nade under	7(3)(i), Florida Statutes. I furthe oath; that I am a managing mida Statutes.			

2/15/cm