

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

08-18-2003 90161 001 \*\*\*150.00

UNIFORM  
AV

**DOCUMENT # P02000058314**

1. Entity Name  
**AURORA HOBBIES & GIFTS INC.**



Principal Place of Business  
**500 BAYVIEW DR.  
SUITE 1419  
SUNNY ISLES BEACH FL 33160**

Mailing Address  
**500 BAYVIEW DR.  
SUITE 1419  
SUNNY ISLES BEACH FL 33160**

2. Principal Place of Business  
**2760 W. 84 ST.**

3. Mailing Address  
**2760 W 84 ST.**

Suite, Apt. #, etc.  
**#2**

Suite, Apt. #, etc.  
**#2**

City & State  
**Hialeah, FL**

City & State  
**Hialeah, FL**

Zip  
**33016** Country  
**USA**

Zip  
**33016** Country  
**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**01-0711131** Applied For  
☐ Not Applicable

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**

**ALVAREZ, AURORA  
500 BAYVIEW DR.  
SUITE 1419  
SUNNY ISLES BEACH FL 33160**

Name **Aurora Alvarez**  
Street Address (P.O. Box Number is Not Acceptable)  
**2760 W 84 ST #2**  
City **Hialeah** FL Zip Code **33016**

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 *Aurora Alvarez*  
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**8/10/03**

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ALVAREZ, PEDRO 500 BAYVIEW DR. SUITE 1419 SUNNY ISLES BEACH FL 33160</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V ARGUELLO, FRANK 500 BAYVIEW DR. 1419 SUNNY ISLES BEACH FL 33160</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST ALVAREZ, AURORA 500 BAYVIEW DR. 1419 SUNNY ISLES BEACH FL 33160</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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

**8/10/03**

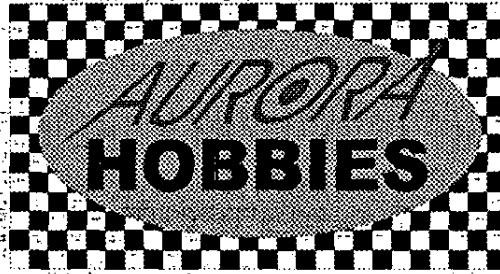
**305-821-6668**  
Date Daytime Phone #

CR2E034 (4/03)

Attachment

90150800

#P02000058314



2760 W. 84 St. Suite 2 Hialeah, FL 33016

Tel: 305-821-6668 Fax: 305-823-8885

Email: [Aurorahobbies@aol.com](mailto:Aurorahobbies@aol.com)

August 10, 2003

Dear Secretary of State,

We never received the first notice for payment of our corporation in May. We would greatly appreciate if you can kindly consider waiving the penalty, which would put a heavy burden on our less than a year old small business. Enclosed please find a check for \$150.00 for the original fee.

Sincerely,

  
Aurora Alvarez