

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90139 025 ***150.00

DOCUMENT # P02000105491

1. Entity Name
ARAURE CORPORATION



Principal Place of Business
7220 WESTPOINTE BLVD #1416
ORLANDO FL 32835

Mailing Address
7220 WESTPOINTE BLVD #1416
ORLANDO FL 32835

90012475



2. Principal Place of Business
1216 N MILLS AVE

3. Mailing Address
SAME

Suite, Apt. #, etc.
ORLANDO - FL
City & State

Suite, Apt. #, etc.
City & State

☐ CHECK HERE IF MAKING CHANGES

Zip
32803

Country

Zip

Country

4. FEI Number
22-3879864

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TOTORICA, REBECCA
7220 WESTPOINTE BLVD #1416
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name **REBECCA TOTORICA**
Street Address (P.O. Box Number is Not Acceptable)
7220 WESTPOINTE BLVD #1416
City **ORLANDO** **FL** **Zip Code** **32835**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS TOTORICA, IGNACIO 7220 WESTPOINTE BLVD #1416 ORLANDO FL 32835 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVT TOTORICA, REBECCA 7220 WESTPOINTE BLVD #1416 ORLANDO FL 32835 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **1-24-03** **407 896 7035**
Date **Daytime Phone #**

CR2E034 (10/02)