

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0218274 AV

DOCUMENT # P96000022350

1. Entity Name
AURORA HOLDINGS, INC.



FILED

03 MAY -5 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1101 BRICKELL AVE STE 1400
MIAMI FL 33131

Mailing Address
1101 BRICKELL AVE STE 1400
MIAMI FL 33131

2. Principal Place of Business
2465 South Bayshore Dr.

Suite, Apt. #, etc.
Suite 200

City & State
Miami, FL

Zip
33133

Country
U.S.A.

3. Mailing Address
2465 S. Bayshore Dr.

Suite, Apt. #, etc.
Suite 200

City & State
Miami, FL

Zip
33133

Country
U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0849404

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GUTIERREZ, JR, NICOLAS J ESQ
1101 BRICKELL AVE STE 1400
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2465 S. Bayshore Dr.
Suite 200
City Miami FL Zip Code 33133

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 Nicolas J. Gutierrez Jr. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4/23/03

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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAMAR, LUIS B 601 TIZIANO AVE. CORAL GABLES FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAMAR, JULIO F 300 EDMOR ROAD W PALM BEACH FL 33405-2918	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANCHEZ, JUSTO L 300 EDMOR ROAD W PALM BEACH FL 33405-2918	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ORTEGA, EMILIO L 300 EDMOR ROAD W PALM BEACH FL 33405-2918	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS GUTIERREZ, JR, NICOLAS J ESQ 1101 BRICKELL AVE STE 1400 MIAMI FL 33131	<input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	300017927353 05/05/03--01013--012 <input type="checkbox"/> Change <input type="checkbox"/> Addition	<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2465 S. Bayshore Dr. #200 Miami FL 33133	<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: Nicolas J. Gutierrez Jr. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 4/23/03 DAYTIME PHONE # (305) 285-0800

CR2E034 (10/02)