2001 UNIFORM BUSINESS REPORT (UBR)

Feb 06, 2001 8:00 am Secretary of State DOCUMENT # P9600036594 1. Entity Name J H G AURORA INVESTMENTS, INC. 02-06-2001 90046 032 ***150.00 Principal Place of Business Mailing Address FINE WINE & SPIRITS FINE WINE & SPIRITS 8140 WILES ROAD 8140 WILES ROAD 915269 CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0664872 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired -6. Name and Address of Current Registered Agent-7.-Name and Address of New Registered Agent SINGH, MANMOHAN Street Address (P.O. Box Number is Not Acceptable) **FINE WINE & SPIRITS** 8140 WILES ROAD CORAL SPRINGS FL 33067 City Zip Code 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE [] Change ☐ Addition TITLE **AURORA, JASMEET** NAME NAME STREET ADDRESS STREET ADDRESS 8140 WILES ROAD CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33067** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME **AURORA, HARPREET** NAME STREET ADDRESS STREET ADDRESS 8140 WILES ROAD CITY-ST-7IP CITY-ST-7IP **CORAL SPRINGS FL 33067** TITLE" Addition_ SINGH, MANMOHAN NAME NAME STREET ADDRESS STREET ADDRESS 8140 WILES ROAD CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33067 TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 OFFICEROR DIRECTOR

1.12.01 (954) 796-9292

FILED

Daytime Phone #