## **2002 UNIFORM BUSINESS REPORT (UBR)**

## May 15, 2002 8:00 am Secretary of State P96000036594 **DOCUMENT #** 1. Entity Name J H G AURORA INVESTMENTS, INC. 05-15-2002 90027 038 \*\*\*150.00 Principal Place of Business Mailing Address FINE WINE & SPIRITS FINE WINE & SPIRITS 8140 WILES ROAD 8140 WILES ROAD 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 4. FEI Number City & State Applied For 65-0664872 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE set i 🐍 . 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE' Change Addition Delete TITLE AURORA, JASMEET NAME NAME 8140 WILES ROAD STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33067 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition AURORA, HARPREET NAME NAME STREET ADDRESS 8140 WILES ROAD STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33067 CITY-ST-ZIP TITLE PD Delete TIŤLE ☐ Change ☐ Addition NAME SINGH, MANMOHAN NAME STREET ADDRESS 8140 WILES ROAD STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33067 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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.

SIGNATUR

SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.15.02 (934) 496-9292

**FILED**