

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90068 012 ***150.00

0162412

DOCUMENT # P96000057973

1. Entity Name
AURUMEX, INC.

Principal Place of Business
829 ALBERCA STREET
CORAL GABLES FL 33134

Mailing Address
829 ALBERCA STREET
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
36 NE 1ST STREET

3. Mailing Address
36 NE 1ST STREET

Suite, Apt. #, etc.
SUITE 937

Suite, Apt. #, etc.
SUITE # 937

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33134

Zip
33134

4. FEI Number 65-0681199

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHAO, JOHN A
829 ALBERCA STREET
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name CHAO, JOHN A
Street Address (P.O. Box Number, if Not Acceptable) 999 BRICKELL BAY DRIVE # 801
FOUR AMBASSADORS
City MIAMI FL Zip Code 33131

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

MARCH 27, 2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME CHAO, JOHN A
STREET ADDRESS 829 ALBERCA STREET
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

MARCH 27, 01 305-4441415

CR2E034 (10/00)