

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90221 004 ***150.00

DOCUMENT # P98000090143

1. Entity Name
AURIX CORPORATION



Principal Place of Business
**2851 NE 183RD STREET
SUITE 1609 E
AVENTURA FL 33160
US**

Mailing Address
**2851 NE 183RD STREET
SUITE 1609 E
AVENTURA FL 33160
US**

2. Principal Place of Business
245 1st STREET.

3. Mailing Address

Suite, Apt. #, etc.
331

Suite, Apt. #, etc.

City & State
MIAMI FLORIDA

City & State

Zip
33131

Country
USA

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0872178**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**DIAZ, NORA M
350 OCEAN DR
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name
NORA M. DIAZ
Street Address (P.O. Box Number is Not Acceptable)
2851 NE 183RD ST #1609E
City
AVENTURA FL Zip Code
33160

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

10. OFFICERS AND DIRECTORS

TITLE
P ☐ Delete
NAME
DIAZ, NORA MARCELA
STREET ADDRESS
2851 NE 183RD STREET #1609 E
CITY-ST-ZIP
AVENTURA FL 33160

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
VICE PRESIDENT. ☐ Change ☒ Addition
NAME
MARIO A. FUIG
STREET ADDRESS
2851 NE 183RD ST #1609E
CITY-ST-ZIP
AVENTURA FL 33160.

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

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

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

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

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

4/8/03 **305-479-8164**
Date Daytime Phone #

CR2E034 (10/02)