

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED

Jun 29, 2000 8:00 am
Secretary of State

05-16-2000 90086 048 ***150.00

DOCUMENT # P98000106678

1. Entity Name

AURA OF SOUTH BEACH, INC.

Principal Place of Business

613 LINCOLN ROAD
MIAMI BEACH FL 33139

Mailing Address

131 ROYAL PALM DR
FORT LAUDERDALE FL 33301-1410

2. Principal Place of Business

613 Lincoln Rd.
Suite, Apt. #, etc.
Miami Beach
City & State
Miami FL

3. Mailing Address

613 Lincoln Rd.
Suite, Apt. #, etc.
Miami Beach
City & State
FL

City & State

Zip
33139

Country
USA

City & State

Zip
33139

Country
USA

4. FEI Number

APPLIED FOR

65-0884140

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRITO, GEORGE
407 LINCOLN RD
#5B
MIAMI BCH FL 33139

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 date 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, 2000 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 1999

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
EGILMEZ, CEMAL
613 LINCOLN RD.
FORT LAUDERDALE FL 33301

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VA
EGILMEZ, CEMAL
613 LINCOLN RD.
MIAMI BEACH FL 33139

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
EGILMEZ, NUR
623 LINCOLN ROAD
MIAMI BEACH FL 33139

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
NUR Egilmez
613 LINCOLN RD.
MIAMI BEACH FL 33139

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANUEL L. GARCIA
338 MAJORA AVE.
CORAL GABLES FL 33134

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
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

FEI #650884140

Date

Daytime Phone #