

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90212 016 \*\*\*150.00

**DOCUMENT #**

1. Entity Name P98000106678

Aura of South Beach, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
613 Lincoln Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Miami Beach, FL

City & State

4. FEI Number  
65-0884140

Applied For  
Not Applicable

Zip  
33139

Country  
Dade

Zip

Country

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
George L. Brito

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

407 Lincoln Road, Suite 500

City  
MB

FL

Zip Code  
33139

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 reappointing)

DATE

04-28-03

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

**10. OFFICERS AND DIRECTORS**

TITLE VP  
NAME Egilmez, Cemal  
STREET ADDRESS 613 Lincoln Rd  
CITY-STATE-ZIP Miami Beach, FL 33139

TITLE P  
NAME Egilmez, Nur  
STREET ADDRESS 613 Lincoln Rd  
CITY-STATE-ZIP Miami Beach, FL 33139

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**DO NOT WRITE  
IN THIS SPACE**

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-03

Date

Daytime Phone #

CR2E037B (12/01)