

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005739

1. Entity Name
AURA BUILDING MAINTENANCE, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90129 009 ***150.00

Principal Place of Business 3906 CARROLLWOOD PLACE.#202 TAMPA FL 33624	Mailing Address 3906 CARROLLWOOD PLACE.#202 TAMPA FL 33594-8125
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4715 Lighterwood Way Suite, Apt. #, etc.	3. Mailing Address 4715 Lighterwood Way Suite, Apt. #, etc.
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City & State Valrico, FL	City & State Valrico, FL	4. FEI Number 59-3555240	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip 33594	Country U.S.	Zip 33594	Country U.S.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LIM, SUN 3906 CARROLLWOOD PLACE,#202 TAMPA FL 33624	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIM, SUN 3906 CARROLLWOOD PLACE,#202 TAMPA FL 33624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Sun Lim Date: _____ Daytime Phone #: (813) 655-3006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)