

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**  
 02-01-2001 90191 050 \*\*\*150.00

**DOCUMENT # P 99000088854**

1. Entity Name

**AURFIN, INC.**

Principal Place of Business

Mailing Address

**500 S.W. 21st Terrace  
 Ft. Lauderdale, FL 33312**

**6000 N.W. 2nd Avenue  
 Apt. 340  
 Boca Raton, FL 33487**

2. Principal Place of Business

**500 S.W. 21st Terrace**  
 Suite, Apt. #, etc.

3. Mailing Address

**6000 N.W. 2nd Avenue**  
 Suite, Apt. #, etc.  
**340**

City & State

**Ft. Lauderdale, FL**  
 Zip Country

City & State

**Boca Raton, FL**  
 Zip Country

4. FEI Number

**522496499**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**GANGUZZA, JOSEPH H.  
 HYMAN & KAPLAN, P.A.  
 150 W. FLAGLER ST. SUITE 2701  
 MIAMI, FL 33130**

7. Name and Address of New Registered Agent

Name **JOSEPH P. MULLEN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**Suite PH-C**  
**2929 E. COMMERCIAL BLVD**  
 City **FORT LAUDERDALE** FL Zip Code **33308**

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 **Joseph P. Mullen** **JOSEPH P. MULLEN** **1/8/01**  
(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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BOLICI, PAOLO</b>	
STREET ADDRESS	<b>C/O TATO MAZZETTA, 233 Peachtree St.</b>	
CITY-ST-ZIP	<b>ATLANTA, GA 30303</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BOLICI, MARIO</b>	
STREET ADDRESS	<b>C/O TATO MAZZETTA, 233 Peachtree St.</b>	
CITY-ST-ZIP	<b>ATLANTA, GA 30303</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOLICI, PAOLO</b>	
STREET ADDRESS	<b>6000 NW 2nd Avenue #340</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33487</b>	
TITLE	<b>S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOLICI, MARIO</b>	
STREET ADDRESS	<b>6000 NW 2nd Avenue #340</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33487</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 **Paolo Bolici** **PAOLO BOLICI, Pres**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/8/01** **(954) 895-9019**  
Date Daytime Phone #

CR2E034 (11/00)