FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90327 031 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088854

1. Entity Name
AURFIN, INC.

11030269

Principal Place of Business
~~500 SW 21ST TERRACE~~
~~FORT LAUDERDALE, FL 33312~~

Mailing Address
~~6000 NW 2ND AVENUE~~
~~#340~~
~~BOCA RATON, FL 33487~~

2. Principal Place of Business		3. Mailing Address	
1666 Kennedy Causeway		1666 Kennedy Causeway	
Suite, Apt. #, etc. 310		Suite, Apt. #, etc. 310	
City & State: N BAY VILLAGE		City & State: N BAY VILLAGE	
Zip: 33141	Country: USA	Zip: 33141	Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 52-2198499 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MULLEN, JOSEPH D
2929 E COMMERCIAL BLVD
STE PH-C
FORT LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent

Name: Chandler Finley or ~~Stefania Bologna~~
Street Address (P.O. Box Number is Not Acceptable): Finley + Bologna Int'l Attys at Law
150 SE 2 Ave., Ste 310
City: MIAMI FL Zip Code: 33131

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: [signature] Date: 4/29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	☐ Delete
NAME	BOLICI, PAOLO	
STREET ADDRESS	6000 NW 2ND AVENUE #340	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	SD	☐ Delete
NAME	BOLICI, MARIO	
STREET ADDRESS	6000 NW 2ND AVENUE #340	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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: Bolici Paolo (Paolo Bolici) Date: 4/1/03 Daytime Phone #: 305 868-5788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR