May. 9. 2001 2:09PM - CENTURY SMALL BUSINESS SOLUTIONS

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 14, 2001 8:00 am
Secretary of State
06-14-2001 90014 003 ***150.00

DOCUMENT # P99000091749

1. Entity Name AUM CORP

(1A)

6-6-

Principal Place of Business — Mailing Address

1531 MONUMENT RD.
JACKSONVILLE, FL. 32225

A0073298

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1531 MONUMENT RD.	
Suite, Apt. #, etc.	Suite, Apt. #, etc. #903 DUSKIN DR.
City & State JACKSONVILLE, FL	City & State 32225 JAX, FL.
Zip 32225 Country DUVAL	Zip 32226 Country DUVAL

4. FEI Number 59-3605389. ☐ 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
P J Brahmbhatt	Name
1181 AIRPORT ROAD	Street Address (P.O. Box Number Is Not Acceptable)
JACKSONVILLE, FL 32218	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] 5-9-01

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) ☐

[redacted]

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 11	
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	PRI. TRA. SEC. JAYSHREE A. BRAHMBHATT ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	1181 AIRPORT RD JACKSONVILLE, FL 32218	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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] JAYSHREE A BRAHMBHATT 5-9-01 904-724-4456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BTF FL32381F.1