

# 2000 UNIFORM BUSINESS REPORT (UBR)

0195266

DOCUMENT # S88213

1. Entity Name

AURORA REAL ESTATE HOLDING COMPANY

FILED

00 MAR 16 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
% HOLLAND & KNIGHT      % HOLLAND & KNIGHT  
701 BRICKELL AVE. STE 3000      701 BRICKELL AVE. STE 3000  
MIAMI FL 33131      MIAMI FL 33131-2847  
US      US

*Handwritten signature/initials*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

4. FEI Number      65-0292359      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE  
STE 3000  
MIAMI FL 33131

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
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, 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, 2000 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	PT	<input type="checkbox"/> Delete
NAME	GARCIA, EDELMIRO	
STREET ADDRESS	701 BRICKELL AVE, STE 3000	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	CARBALLEDA, JESUS	
STREET ADDRESS	701 BRICKELL AVE, STE 3000	
CITY-ST-ZIP	MIAMI FL 33131	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200003204482--6	
STREET ADDRESS	-04/11/00--01125--003	
CITY-ST-ZIP	****150.00      ****150.00	
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: *[Handwritten Signature]*      3/7/00      Date      Daytime Phone #

CR2E034 (9/99)