

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90019 014 ***150.00

DOCUMENT # V10897

1. Entity Name

AURIC INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

~~2-9 BISCAYNE BLVD.~~

~~P.O. BOX 330610~~

~~#1880~~

~~MIAMI FL 33283~~

~~MIAMI FL 33131~~

~~US~~

~~US~~

2. Principal Place of Business

3. Mailing Address

4045 Sheridan AVE.

4045 Sheridan AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#403

#403

City & State

City & State

MIAMI BEACH FL

MIAMI BEACH FL

Zip

Country

Zip

Country

33140

33140

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOSCANO, DOMINICK J
2 SOUTH BISCAYNE BLVD.
1880
MIAMI FL 33131

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **TOSCANO, DOMINICK J.**
CITY-ST-ZIP **2 SOUTH BISCAYNE BLVD., #1880**
MIAMI FL

TITLE ☐ Change ☐ Addition
NAME **4045 Sheridan AVE. #403**
STREET ADDRESS **MIAMI BEACH FL**
CITY-ST-ZIP **33140**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)