

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90028 025 ***550.00

DOCUMENT # V68632

1. Entity Name

AURORA CAPITAL, INC.

Principal Place of Business

**8360 W OAKLAND PARK BLVD
 201
 SUNRISE FL 33351
 US**

Mailing Address

**8360 W OAKLAND PARK BLVD
 201
 SUNRISE FL 33351
 US**

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

65-0366759

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MREJE, ARIE P
 701 W CYPRESS CREEK RD
 SUITE 302
 FT LAUDERDALE FL 33309**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **DP** ☐ Delete
 NAME **KADOCH, DAVID**
 STREET ADDRESS **8360 W OAKLAND PARK BLVD #307**
 CITY-ST-ZIP **SUNRISE FL**

TITLE **D** ☐ Delete
 NAME **FOERSTER, BRUCE**
 STREET ADDRESS **4045 SHERIDAN AVENUE #432**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **DT** ☐ Delete
 NAME **ZOUR, ISRAEL**
 STREET ADDRESS **12700 N. BISCAYNE BLVD., STE. 202**
 CITY-ST-ZIP **N. MIAMI FL**

TITLE **D** ☒ Delete
 NAME **DJERASSI, GIDEON**
 STREET ADDRESS **4800 SW 4TH ST.**
 CITY-ST-ZIP **PLANTATION FL**

TITLE **D** ☐ Delete
 NAME **WAXMAN, MICHAEL**
 STREET ADDRESS **7920 NW 3 PL**
 CITY-ST-ZIP **PLANTATION FL**

TITLE **D** ☐ Delete
 NAME **MARTINEZ, JUAN CARLOS**
 STREET ADDRESS **8360 W. OAKLAND PARK BLVD. #200**
 CITY-ST-ZIP **SUNRISE FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
 NAME **TIROSH ZIV**
 STREET ADDRESS **25 BEN YOSSEF ST.**
 CITY-ST-ZIP **69125 TEL AVIV ISRAEL**

TITLE **S** ☐ Change ☒ Addition
 NAME **HEATLEY Mandy**
 STREET ADDRESS **4402 NW 5th ave**
 CITY-ST-ZIP **Pompano Beach, FL 33064**

TITLE **D** ☐ Change ☒ Addition
 NAME **Osvaldo Pitol**
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ESRAEL ZOUR DT 09/11/01 (954) 749-2030

CR2E034 (5/01)