## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 24, 2002 8:00 am Secretary of State V68632 DOCUMENT # 1. Entity Name AURORA CAPITAL, INC. 05-24-2002 91280 028 \*\*\*150.00 Principal Place of Business Mailing Address 8360 W OAKLAND PARK BLVD 8360 W OAKLAND PARK BLVD SUNRISE FL 33351 SUNRISE FL 33351 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0366759 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MREJE, ARIE P Street Address (P.O. Box Number is Not Acceptable) 701 W CYPRESS CREEK RD SUITE 302 FT LAUDERDALE FL 33309 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. : Delete :--IIILE:-\_-KADOCH, DAVID NAME NAME PITCH, OSWALDO 8360 W OAKLAND PARK BLVD #307 STREET ADDRESS STREET ADDRESS 8360 W. OAKLAND PARK CITY-ST-ZIP SUNRISE FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition FOERSTER, BRUCE NAME NAME STREET ADDRESS 4045 SHERIDAN AVENUE #432 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition ZOUR, ISRAEL NAME NAME STREET ADDRESS 12700 N. BISCAYNE BLVD., STE. 202 STREET ADDRESS CITY-ST-ZIP N. MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition ZIV, TIROSH NAME NAME 25 BEN YOSSEF ST STREET ADDRESS STREET ADDRESS TEL AVIN ISRAEL 69125 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition WAXMAN, MICHAEL NAME ' NAME

13. Thereby 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. VI R E CTO R

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

NAME

7920 NW 3 PL

SUNRISE FL

PLANTATION FL

MARTINEZ, JUAN CARLOS

8360 W. OAKLAND PARK BLVD. #200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition