

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 530394**

1. Entity Name

**AUERBACH ASSOCIATES, INC.****FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90033 009 \*\*\*150.00

Principal Place of Business

**169 LINCOLN ROAD  
SUITE 224  
MIAMI BEACH FL 33139**

Mailing Address

**169 LINCOLN RD.  
STE 224  
MIAMI BEACH FL 33140-3448  
US****D0010042**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**763 W. 41st Street**

Suite, Apt. #, etc.

**Suite A**

City &amp; State

**Miami Beach FL**

Zip

**33140**

Country

**USA**

3. Mailing Address

**763 W. 41st Street**

Suite, Apt. #, etc.

**Suite A**

City &amp; State

**Miami Beach FL**

Zip

**33140**

Country

**USA**

4. FEI Number

**59-1859922**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**AUERBACH, STUART  
169 LINCOLN RD.  
SUITE 224  
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**763 W. 41st Street, Suite A**

City

**Miami Beach****FL**

Zip Code

**33140**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>PD</b>			
	<b>AUERBACH, STUART</b>			
	<b>169 LINCOLN RD., STE 224</b>			
	<b>MIAMI BEACH FL</b>			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>Auerbach, Stuart</b>				
	<b>763 W. 41st Street, Suite A</b>				
	<b>Miami Beach FL 33140</b>				

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

**Stuart Auerbach, President 1/20/2000 305-672-0492**

Date

Daytime Phone #