

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

0173816

DOCUMENT # 530394

1. Entity Name
AUERBACH ASSOCIATES, INC.

Principal Place of Business 763 W 41ST ST SUITE A MIAMI FL 33140
Mailing Address 763 W 41ST ST SUITE A MIAMI FL 33140 US

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State Miami Beach FL
City & State Miami Beach FL
Zip 33140 Country

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
763 W 41ST ST
SUITE A
MIAMI FL 33140

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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, 2001 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

Table with 2 main columns: OFFICERS AND DIRECTORS and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Each row contains fields for TITLE, NAME, STREET ADDRESS, and CITY-ST-ZIP, along with checkboxes for Delete, Change, and 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] STUART AUERBACH, PRESIDENT 3/6/01 305672-0492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)