## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Mar 06, 2002 8:00 am Secretary of State F51323 DOCUMENT # 1. Entity Name SUPERIOR PAPERHANGING BY STEVE AUERBACH, INC. 03-06-2002 90120 024 \*\*\*150.00 Principal Place of Business Mailing Address 21120 NE 18TH COURT 21120 NE 18TH COURT N MIAMI BEACH FL 33179 N MIAMI BEACH FL 33179 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 59-2132034 Not Applicable Zip Country Zip 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 AUERBACH, STEVE Street Address (P.O. Box Number is Not Acceptable) 21120 NE 18TH COURT N. MIAMI FL 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE TITLE ☐ Delete ☐ Addition AUERBACH, STEVE NAME NAME 21120 NE 18TH COURT STREET ADDRESS STREET ADDRESS N MIAMI BCH, FL 33179 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CLARK, LARRY NAME NAME 13845 N.E. 11 AVE. STREET ADDRESS STREET ADDRESS N. MIAMI FL 33161 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition KASHUTA, RONALD NAME NAME STREET ADDRESS 16422 N.W. 27 PL STREET ADDRESS N M B FL 33160 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TIT! F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

**FILED**