

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90196 044 ***150.00

DOCUMENT # F51323

1. Entity Name
SUPERIOR PAPERHANGING BY STEVE AUERBACH, INC.



Principal Place of Business
NC.
21120 NE 18TH COURT
N MIAMI BEACH FL 33179

Mailing Address
NC.
21120 NE 18TH COURT
N MIAMI BEACH FL 33179

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2132034**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AUERBACH, STEVE
21120 NE 18TH COURT
N. MIAMI FL

Name
BRENDA AUERBACH

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

21120 N.E. 18 CT

City
N.M.B.

Zip Code
FL 33179

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Brenda Auerbach President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/20/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **AUERBACH, STEVE**
STREET ADDRESS **21120 NE 18TH COURT**
CITY-ST-ZIP **N MIAMI BCH, FL 33179**

TITLE **P** ☒ Change ☐ Addition
NAME **AUERBACH, BRENDA**
STREET ADDRESS **21120 N.E. 18 CT**
CITY-ST-ZIP **N.M.B. FL. 33179**

TITLE **S** ☐ Delete
NAME **CLARK, LARRY**
STREET ADDRESS **13845 N.E. 11 AVE.**
CITY-ST-ZIP **N. MIAMI FL 33161**

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

TITLE **VP** ☐ Delete
NAME **KASHUTA, RONALD**
STREET ADDRESS **16422 N.W. 27 PL.**
CITY-ST-ZIP **N M B FL 33160**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDA AUERBACH
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/03 303/932-3480

Date

Daytime Phone #

CR2E034 (10/02)