

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90099 014 \*\*\*150.00

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**DOCUMENT # P93000060212**

1. Entity Name  
**AUBURN INVESTMENT CORP.**

Principal Place of Business KEY COLONY 2 251 CRANDON BL. UNIT 341 KEY BISCAYNE FL 33149	Mailing Address KEY COLONY 2 251 CRANDON BL. UNIT 341 KEY BISCAYNE FL 33149
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **98-0038865**      Applied For  
 Not Applicable

DO NOT WRITE IN THIS SPACE

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

**GONZALEZ, ANGELA**  
~~KEY COLONY 2~~ **199 ocean lane Drive**  
~~251 CRANDON BL. UNIT 341~~ **Apt 100**  
**KEY BISCAYNE FL 33149**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ (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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>GONZALEZ, EDUARDO</b> <del>251 CRANDON BL. UNIT 341</del> <b>199 ocean lane Drive</b> <b>KEY BISCAYNE FL 33149</b> <b>Apt 100</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>GONZALEZ, ANGELA</b> <b>199 ocean lane Drive</b> <del>251 CRANDON BL. UNIT 341</del> <b>Apt 100</b> <b>KEY BISCAYNE FL 33149</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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]* **RECORDED** **Gonzalez** **1/13/02**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Vice President Secretary/305 361 3548** Date

CR2E034 (9/01)