

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90120 029 \*\*\*150.00

DOCUMENT # **P93000060212**

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



Principal Place of Business  
~~KEY COLONY 2~~ **199 Ocean Lane Dr Apt 100**  
~~251 CRANDON BL UNIT 341~~  
~~KEY BISCAYNE FL 33148~~ **Key Biscayne FL 33149**

Mailing Address  
~~KEY COLONY 2~~ **199 Ocean Lane Drive**  
~~251 CRANDON BL UNIT 341~~ **Apt 100**  
~~KEY BISCAYNE FL 33148~~ **Key Biscayne FL 33149**



2. Principal Place of Business  
**199 Ocean Lane Drive**  
Suite, Apt. #, etc. **100**  
City & State **Key Biscayne, FL**  
Zip **33149** Country **USA**

3. Mailing Address  
**199 Ocean Lane Drive**  
Suite, Apt. #, etc. **100**  
City & State **Key Biscayne, FL**  
Zip **33149** Country **USA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **98-0038865**  
Applied For ☐ Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GONZALEZ, ANGELA**  
**199 OCEAC LANE DRIVE**  
**APT 100**  
**KEY BISCAYNE FL 33149**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	GONZALEZ, EDUARDO	
STREET ADDRESS	199 OCEAN LANE DRIVE	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	GONZALEZ, ANGELA	
STREET ADDRESS	199 OCEAN LANE DRIVE APT 100	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 a power of attorney.

SIGNATURE: **Angela Gonzalez** **1/15/03** **305 361 3548**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)