

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000027026

Entity Name

INVESTMENT ADVISORY, INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90043 049 \*\*\*150.00

Principal Place of Business

AND LENOFF P.A.  
W. HILLSBORO BLVD., #405  
BEACH FL 33442

Mailing Address

% LENOFF AND LENOFF P.A.  
1761 W. HILLSBORO BLVD., #405  
DEERFIELD BEACH FL 33442-1563

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0492648

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

LENOFF, MICHELE M  
1761 W. HILLSBORO BLVD.  
SUITE 405  
DEERFIELD BEACH FL 33442

Name

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

City

FL

Zip Code

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

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, 2000 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

D  
NOREK, KARL-HEINZ  
WEISSKIRCHENER STRASSE 13  
D-61440 OBERURSEL-STIERSTADT

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

D  
NOREK, WILMA  
WEISSKIRCHENER STASSE 13  
D-6144 OB

☐ Delete

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CITY-STATE-ZIP

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CITY-STATE-ZIP

☐ Change ☐ Addition

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)