

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90529 019 ***150.00

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1. Entity Name
AUERBACH FINANCIAL SERVICES INC.

Principal Place of Business
**3900 HOLLYWOOD BLVD
STE 301
HOLLYWOOD FL 33021**

Mailing Address
**3900 HOLLYWOOD BLVD
STE 301
HOLLYWOOD FL 33021**

2. Principal Place of Business

2500 Hollywood Blvd.

Suite, Apt. #, etc.
Suite 215

City & State
Hollywood FL

Zip
33020

Country

3. Mailing Address

2500 Hollywood Blvd.

Suite, Apt. #, etc.
Suite 215

City & State
Hollywood FL

Zip
33020

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0898794**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AUERBACH, CHARLES N
3900 HOLLYWOOD BLVD STE 301
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2500 Hollywood Blvd. Suite 215
City **Hollywood** State **FL** Zip Code **33020**

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

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

4/24/2003
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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|---------------------|-----------------------------|--------------------|---------------------------------|
| D | AUERBACH, CHARLES N | 3900 HOLLYWOOD BLVD STE 301 | HOLLYWOOD FL 33021 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|--------------------------------|--------------------|--|-----------------------------------|
| | | 2500 Hollywood Blvd. Suite 215 | Hollywood FL 33020 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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:

Charles Auerbach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2003
Date

954-921-8888
Daytime Phone #

CR2E034 (10/02)