

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

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

0161361 AV

04-28-2003 90529 019 ***150.00

DOCUMENT # **P99000017635**



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.

3. Mailing Address
2500 Hollywood Blvd.

Suite, Apt. #, etc.
Suite 215

Suite, Apt. #, etc.
Suite 215

CHECK HERE IF MAKING CHANGES

City & State
Hollywood FL

City & State
Hollywood FL

4. FEI Number **65-0898794**

Applied For
 Not Applicable

Zip
33020

Country

Zip
33020

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)
2500 Hollywood Blvd. Suite 215

City **Hollywood** **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* DATE **4/24/2003**

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

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

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

SIGNATURE: *Charles Auerbach* DATE: **4/24/2003** DAYTIME PHONE #: **954-921-8888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)