

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90205 014 \*\*\*158.75

DOCUMENT # **P96000057186**

i. Entity Name  
~~DEUTSCH/FALKANGER INTERIOR DESIGN GROUP, INC.~~  
**DFI DESIGN GROUP, INC.**

Principal Place of Business Mailing Address  
 SOUTH ANDREWS AVENUE #300 888 SOUTH ANDREWS AVENUE #300  
 LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316-1047  
 US

**00064837**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**1287 E. NEWPORT CENTER DRIVE SUITE 209** **Same as #2**

City & State City & State  
**DEERFIELD BEACH FL**  
 Zip Country Zip Country  
**33442 USA**

4. FEI Number **65-0678060** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**DEUTSCH, MERYL**  
**7039 MANDARIN DRIVE**  
**BOCA RATON FL 33433**

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.  
 SIGNATURE *Meryl Deutsch* (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, 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

11. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>DEUTSCH, MERYL</b>
STREET ADDRESS	<b>888 S. ANDREWS AVE. #300</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33316</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>VICE PRES DEUTSCH, EDWARD</b>
STREET ADDRESS	<b>1287 E. NEWPORT CENTER DRIVE SUITE 209</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Deutch Meryl</b>
STREET ADDRESS	<b>1287 E. Newport Center Drive Suite 209</b>
CITY-ST-ZIP	<b>Deerfield Beach FL 33442</b>
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	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Meryl Deutsch* Date: **4/10/00** Daytime Phone #: **954 725-1117**

CR2E0824(9/99)