

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702445

1. Entity Name

THE DEAUVILLE INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90203 004 ****61.25

Principal Place of Business

Mailing Address

3215 SE 10TH ST
POMPANO BEACH FL 33062

3215 SE 10TH ST
POMPANO BEACH FLA 33062-6561

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0951676

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

SUTTER, EDITH R
3215 SE 10TH ST APT 207
POMPANO BEACH, FL
33062

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME WALRATH, ROBERT D
STREET ADDRESS 3215 SE 10TH ST
CITY-ST-ZIP POMPANO BCH, FL 00000

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~VD~~ ☒ Delete
NAME ~~LAMBRING, THOMAS~~
STREET ADDRESS ~~3215 SE 10TH STREET~~
CITY-ST-ZIP ~~POMPANO BCH, FL 00000~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AST ☐ Delete
NAME SUTTER, EDITH R
STREET ADDRESS 3215 SE 10TH ST
CITY-ST-ZIP POMPANO BCH, FL 00000

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~D~~ ☐ Delete
NAME ZUBIAURRE, RAYMOND
STREET ADDRESS 3215 SE 10TH STREET
CITY-ST-ZIP POMPANO BEACH FL

TITLE ~~VD~~ ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME MOLICA, ANGELINA
STREET ADDRESS 3215 S.E. 10TH STREET
CITY-ST-ZIP POMPANO BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME Robert Kaiser
STREET ADDRESS 3215 SE 10TH STREET
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE ☐ Change ☐ 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 617, 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: *Edith R. Sutter*

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

AST

02-25-00

781-
954-71-5306

Date

Daytime Phone #

CR2E037 (9/99)