

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**  
 05-02-2000 90110 049 \*\*\*150.00

**DOCUMENT # 349153**

1. Entity Name  
**DEFERRED COMPENSATION CONSULTANTS, INC.**

Principal Place of Business      Mailing Address  
**P O BOX 330050      3669 ROYAL PALM AVENUE**  
~~P.O. BOX 330048~~      ~~P.O. BOX 330048~~  
**COCONUT GROVE FL 33133      COCONUT GROVE FL 33133-6226**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**3669 ROYAL PALM AVE      PO BOX 330050**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**COCONUT GROVE FL      COCONUT GROVE FL**  
 Zip      Country      Zip      Country  
**33133      USA      33133      USA**

4. FEI Number      59-1266824      Applied For  
 Not Applicable

5. Certificate of Status Desired      ☐      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**WECHSLER, L. G.**  
**3669 ROYAL PALM AVENUE**  
**COCONUT GROVE FL 33133**

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      Signature, typed or printed name of registered agent and title if applicable.      (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	PS	<input type="checkbox"/> Delete
NAME	WECHSLER, LOUIS G	
STREET ADDRESS	3669 ROYAL PALM AVENUE	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WECHSLER, LOUIS G	
STREET ADDRESS	3669 ROYAL PALM AVENUE	
CITY-ST-ZIP	COCONUT GROVE FL	
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		
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		
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)(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: **LOUIS G. WECHSLER**      Date: **5-4-23-2000**      Daytime Phone #: **305-445-2600**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR