

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90994 049 \*\*\*150.00

**DOCUMENT # 349153**

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



Principal Place of Business  
**3669 ROYAL AVE  
COCONUT GROVE FL 33133  
US**

Mailing Address  
**P.O. BOX 330050  
COCONUT GROVE FL 33133  
US**

2. Principal Place of Business

**19195 MYSTIC POINT DR  
SUITE, APT. #, etc.  
APT 903**

3. Mailing Address

Suite, APT. #, etc.

City & State  
**AVENTURA**

City & State

Zip Country  
**FL 33180 USA**

Zip Country

4. FEI Number **59-1266824**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



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 **WECHSLER, L. G.**  
Street Address (P.O. Box Number is Not Acceptable)  
**19195 MYSTIC POINT DR APT 903**  
City **AVENTURA** FL Zip Code **33180**

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

TITLE **PS** ☐ Delete  
NAME **WECHSLER, LOUIS G**  
STREET ADDRESS **19500 TURNBERRY WAY APT 3B**  
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **TD** ☐ Delete  
NAME **WECHSLER, LOUIS G**  
STREET ADDRESS **19500 TURNBERRY WAY APT 3B**  
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☒ Change ☐ Addition  
NAME **WECHSLER, LOUIS G**  
STREET ADDRESS **19195 MYSTIC POINT DR APT 903**  
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **TD** ☐ Change ☐ Addition  
NAME **WECHSLER, LOUIS G**  
STREET ADDRESS **19195 MYSTIC POINT DR APT 903**  
CITY-ST-ZIP **AVENTURA FL 33180**

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

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

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

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 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: **SIG. WAIVERED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-18-2003 305-682-8867**  
Date Daytime Phone #

CR2E034 (10/02)