

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741750

1. Entity Name

DEAF SERVICE'S BUREAU, INC.

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

03-03-2000 90265 030 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1320 SOUTH DIXIE HWY SUITE 760 MIAMI FL 33146 US	1320 SOUTH DIXIE HWY SUITE 760 MIAMI FL 33146-2919 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
59-1872983	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~VILLA, LAZARA~~
~~17887 NW 78 PLACE~~
~~MIAMI FL 33015~~

Name Andrew Markley
Street Address (P.O. Box Number is Not Acceptable) 6970 NW 186 ST # 514
City Miami Lakes FL 33015

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 Andrew Markley Andrew W Markley
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	P	<input type="checkbox"/> Delete
NAME	VILLA, LAZARA	
STREET ADDRESS	17887 NW 78 PLACE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RAINEY, GERALD W	
STREET ADDRESS	20271 NW 10TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	DS	<input type="checkbox"/> Delete
NAME	COXE, SHERRY	
STREET ADDRESS	150 W FLAGLER ST #1901	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	VENTURA, RALPH	
STREET ADDRESS	2250 SW AVE	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	ED	<input type="checkbox"/> Delete
NAME	GUY, DEBORAH	
STREET ADDRESS	7200 FAIRWAY DR. H-9	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREW MARKLEY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBORAH AIIY	
STREET ADDRESS		
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 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: Deborah AIIY 305-668-4407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)