## 2001 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 741750**

1. Entity Name

## FILED Apr 05, 2001 8:00 am Secretary of State

DEAF SERVICE'S BUREAU, INC.					:	04-05-2001 90	0048 00:	3 ****70	.00
Principal Plac	ce of Business	Mailing Address							
1320 SOUTH DIXIE HWY SUITE 760 MIAMI FL 33146 US		1320 SOUTH DIXIE HWY SUITE 760 MIAMI FL 33146 US			 	1 <b>8(88)</b> 15 <b>8</b> ) 1 <b>100</b> 5 <b>7</b> )()	- 	634	8 Heria engan 1882
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number	59-1872983			pplied For ot Applicable
Zip	Country	Zip	Country	ماينامد عور	5. Certificate of	Status Desired		<b>\$8.75</b> Ad Fee Require	
	6. Name and Address of Current F	Registered Agent	Nama		7. Name and Ad	Idress of New Re	gistered A	gent	
			Name						
MARKLEY, ANDREW			Street A	Street Address (P.O. Box Number is Not Acceptable)					
	186 ST 514		-						
MIAMI LA	KES FL 33015		City				FL	Zip Coo	de de
8 The above	e named entity submits this statement for	the nurnose of changing its re	agistered office of	r registers	ed agent, or both, i	n the state of Flori		<u> </u>	
o. me above	Thathed entity submits this statement for	the purpose of changing its re	gistered office of	riegistere	sa agent, or boar, r	in the state of hom	uu.		
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SIGNATURE.		THE PARTY OF THE P	N:	ture required t	when reinstation)		DATE		<del></del>
	Signature, typed or printed name of registered agent a	ind title if applicable. (NOTE: F	Registered Agent signat	o o roquiroc	and romatating,				ì
	Signature, typed or printed name of registered agent at FILE NOW: FEE IS \$61.25	9. Election Campaign F Trust Fund Contribut	inancing _	\$5.00 Added	<b>0</b> May Be to Fees	Depa	artment		
10.	FILE NOW: FEE IS \$61.25 OFFICERS AND DIR	Election Campaign F     Trust Fund Contribut     ECTORS	inancing _	\$5.00 Added	May Be to Fees	Depa	artment	of State	1 10
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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:

(305) 668-4407