

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90726 013 \*\*\*\*70.00

**DOCUMENT # 741750**

1. Entity Name

**DEAF SERVICE'S BUREAU, INC.**

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  
 US

2. Principal Place of Business

3. Mailing Address

**Dade County**  
 Suite, Apt. #, etc.  
**760**

**SAME AS ABOVE**  
 Suite, Apt. #, etc.  
**760**

City & State

City & State

Zip

Country

Zip

Country

**33146** **USA**

**760** **USA**

4. FEI Number

**59-1872983**

Applied For

Not Applicable

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

**MARKLEY, ANDREW**  
**6970 NW 186 ST 514**  
**MIAMI LAKES FL 33015**

Name **Celida Graw**

Street Address (P.O. Box Number is Not Acceptable)

**701 SW 27 Avenue #1000**

City **Miami**

**FL**

Zip **33135**

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

**Deborah McQuitter Ally**

**5/14/02**

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	VPD	<input checked="" type="checkbox"/> Delete
NAME	GRAU, CELIDA	
STREET ADDRESS	388 E 56TH ST	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TRACY, MARY ELLEN	
STREET ADDRESS	1540 MILLER RD	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	COHEN-HAMEROFF, WENDY	
STREET ADDRESS	11510 SW 131ST AVE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MARKLEY, ANDREW	
STREET ADDRESS	6940 NW 18TH ST #514	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE	ED	<input checked="" type="checkbox"/> Delete
NAME	ALLY, 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	V. Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPD	
STREET ADDRESS	Robert C. Fier	
CITY-ST-ZIP	P.O. Box 016820 Miami FL 33101	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Ellen Tracy	
STREET ADDRESS	1500 Biscayne Blvd 407A	
CITY-ST-ZIP	Miami FL 33132	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wendy Hameroff-Cohen	
STREET ADDRESS	1500 Biscayne Blvd 407A	
CITY-ST-ZIP	Miami FL 33132	
TITLE	At-Large	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President	
STREET ADDRESS	Graw, Celida	
CITY-ST-ZIP	701 SW 27 Avenue #1000	
TITLE	Executive	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deborah Ally	
STREET ADDRESS	1320 South Dixie Highway #760	
CITY-ST-ZIP	Miami FL 33146	
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 McQuitter Ally**

**5/16/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)