

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90228 042 ****70.00

DOCUMENT # 741750

1. Entity Name

DEAF SERVICE'S BUREAU, INC.



Principal Place of Business

~~1320 SOUTH DIXIE HWY~~ **1250 NW 75T.**
~~SUITE 700~~ **#207**
~~MIAMI FL 33140~~ **Miami, FL**
~~US~~ **33125**

Mailing Address

~~1320 SOUTH DIXIE HWY~~ **1250 NW 75T.**
~~SUITE 700~~ **#207**
~~MIAMI FL 33146~~ **Miami, FL**
~~US~~ **33125**

2. Principal Place of Business

SEE ABOVE

3. Mailing Address

SEE ABOVE

Suite, Apt. #, etc.

207

Suite, Apt. #, etc.

City & State

Miami FL

City & State

FL

Zip

33125

Country

USA

Zip

33125

Country

USA



☐ CHECK HERE IF MAKING CHANGES

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

~~GRAW, CELIDA~~
~~701 SW 27 AVE. #1000~~
~~MIAMI FL 33135~~

Robert C. Fifer, PhD
11273 SW 153 Ave
Miami, FL 33196

7. Name and Address of New Registered Agent

Name **Robert C. Fifer, PhD.**

Street Address (P.O. Box Number is Not Acceptable)
11273 SW 153 Avenue

Miami, FL 33196

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert C. Fifer PhD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/22/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|--|
| TITLE | VPD | <input checked="" type="checkbox"/> Delete |
| NAME | FIFER, ROBERT | |
| STREET ADDRESS | P O BOX 6820 | |
| CITY-ST-ZIP | MIAMI FL 33101 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | TRACY, MARY ELLEN | |
| STREET ADDRESS | 1500 BISCAYNE BLVD 407A | |
| CITY-ST-ZIP | MIAMI FL 33132 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | COHEN-HAMEROFF, WENDY | |
| STREET ADDRESS | 1500 BISCAYNE BLVD 407A | |
| CITY-ST-ZIP | MIAMI FL 33132 | |
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | GRAW, CELIDA | |
| STREET ADDRESS | 701 SW 27 AVE #1000 | |
| CITY-ST-ZIP | MIAMI FL 33135 | |
| TITLE | ED | <input checked="" type="checkbox"/> Delete |
| NAME | ALLY, DEBORAH | |
| STREET ADDRESS | 1320 SOUTH DIXIE HIGHWAY #760 | |
| CITY-ST-ZIP | MIAMI FL 33146 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------|--|
| TITLE | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CELIDA GRAW | |
| STREET ADDRESS | 701 SW 27 AVE. #1000 | |
| CITY-ST-ZIP | Miami, FL 33135 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Robert C. Fifer PhD. | |
| STREET ADDRESS | 11273 SW 153 Ave | |
| CITY-ST-ZIP | Miami, FL 33196 | |
| TITLE | ED | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Clara Gantes | |
| STREET ADDRESS | 1250 NW 75T #207 | |
| CITY-ST-ZIP | Miami, FL 33125 | |
| 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:

Robert C. Fifer PhD

04/22/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)