

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90094 031 \*\*\*155.00

**DOCUMENT # G07759**

1. Entity Name

**PRESENT AND PAST, INC.**

Principal Place of Business

Mailing Address

**4326 PETERS RD.  
 FT. LAUDERDALE FL 33317**

**4326 PETERS RD.  
 FT. LAUDERDALE FL 33317**

2. Principal Place of Business

**261 S.W. 75<sup>TH</sup> Terrace**

3. Mailing Address

**261 S.W. 75<sup>TH</sup> Terrace**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Plantation, FL**

City & State

**Plantation, FL**

Zip

Country

**33317-3206 BROWARD**

Zip

Country

**33317-3206 BROWARD**

6. Name and Address of Current Registered Agent

**DEUTSCH, RICHARD  
 261 SW 75TH TERRACE  
 PLANTATION FL 33317**

7. Name and Address of New Registered Agent

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☒

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DEUTSCH, RICHARD	
STREET ADDRESS	261 SW 75TH TERRACE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DEUTSCH, JANET	
STREET ADDRESS	261 SW 75TH TERRACE	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Janet E. Deutsch*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-02

Date

954-584-2920

Daytime Phone #

CR2E034 (9/01)