

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90015 030 \*\*\*150.00

**DOCUMENT # G22744**

1. Entity Name

**DEFERRED COMPENSATION SECURITIES CORPORATION**

*P*

Principal Place of Business

P.O. BOX 330050  
 COCONUT GROVE FL 33133  
 US

Mailing Address

3669 ROYAL PALM AVENUE  
 P.O. BOX 330048  
 COCONUT GROVE FL 33133

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

*PO BOX 330050*

*COCONUT GROVE FL*

*33133*

*DADE*



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2282286**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WECHSLER, LOUIS G.**  
**3669 ROYAL PALM AVENUE**  
**COCONUT GROVE FL 33133**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>WECHSLER, LOUIS G.</b> <b>3669 ROYAL PALM AVENUE</b> <b>COCONUT GROVE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

attachment  
#22744  
deferred  
compensation  
securities  
corp. X0077221

September 11, 2000

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Following up my telephone conversation of today with your office I am enclosing check #1169 in the amount of \$150.00; along with the completed UBR form.

Please note that the form had our old address. This company does very little business and has not reprinted stationary or check addresses.

Please note for your records that P.O.Box 330050, Coconut Grove, FL 33133 is the only address. This is on the UBR as the principal place of business.

I appreciate your courtesy with my request. Being a senior citizen and undue financial costs would make it burdensome to continue this company.

Thank you.

  
LOUIS G. WECHSLER  
President

  
Office In The Grove  
2699 South Bayshore Drive,  
Coconut Grove, Florida 33133

Mailing Address: P.O. Box 330048-50  
Coconut Grove, Florida 33233-0048-50  
Telephone: (305) 445-3600.