2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L61640 1. Entity Name LAW OFFICES OF RICHARD E. DEUTCH, JR., P.A.						FILED Jan 26, 2000 8:00 am Secretary of State 01-26-2000 90191 015 ***150.00					
Principal Place 2665 SOUTH Bi STE 202	AYSHORE DR	Mailing Addres 2665 SOUTH 8A STE 202	YSHORE DR		-			v		υ	
MIAMI FL 33133 US 2. Principal Place of Business / S.E. 3RD AVE. Guile Apt. #, etc. 3050		US	MIAMI FL 33131-1715 US 3. Mailing Address 1 S.E. SRD AUE. (SUITE) Apt. #, etc. 3050		DO NOT WRITE IN THIS SPACE						
		Suite Apt. #									
Zip	NI, FZ Country	City & State	MIAMI, PL			4. FEI Number 65-0183491 Applied For Not Applied to Not Applied to Status Desired 5. Certificate of Status Desired \$8.75 Additional Fee Required					
33131	6. Name and Address of Cur	rent Registered Agent		Name	7. Na		ress of New	Registered			
2665 STE	TCH, RICHARD E., JR. 5 S BAYSHORE DR 202 /II FL 33133			City MI			NOT ACCEPTAD		ž 30 Zip Code 331		
SIGNATURE -	named entity submits this stateme Signature, typed or printed name of registered		anging its registered (NOTE: Registered A				the State of F	lorida. Date			
Tax filing requirement and elects to do so.			FILE NOW !!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 ke Check Payable to Department of Sta			ate 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS PTSD DEUTCH, RICHARD E., JR. 2665 S BAYSHORE DR, STE MIAMI FL 33133	. —	12. Delete Title NAME STREET City-S'	ADDRESS	5.E	. 3RD		SUITE	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete TITLE NAME STREET CITY-S	ADDRESS		<u> </u>		<i></i>	🗌 Change	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP			Delete TITLE NAME STREET CITY-S	ADDRESS T-ZIP				·	🔲 Change	Additior	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete TITLE NAME STREET CITY-S	ADDRESS T- ZIP					🗌 Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · ·		Delete TITLE NAME STREET CITY-S	ADDRESS T-ZIP					🔲 Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete Title NAME Street City-s	ADDRESS T-ZIP					🗌 Change	Addition	
	certify that the information supplied on this report or supplemental rep poration or the receiver or trustee or on an attachment with an aver	d with this filling does no port is true and accurate indowered to execute ess with all other like or		1	Section 1 e same le 07, Florid	19.07(3)(i), Fi gal effect as a Statutes; ar	orida Statutes if made unde nd that my na	s. I further ce r oath; that I ne appears	rtify that the in am an officer in Block 11 or	nformation or director Block 12 if	
			npoworod.							/	

Date

ł È ļ