

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # L61640**1. Entity Name  
LAW OFFICES OF RICHARD E. DEUTCH, JR., P.A.

Principal Place of Business	Mailing Address
1 S.E. 3RD AVE 3050 MIAMI 33133 US	1 S.E. 3RD AVE 3050 MIAMI 33133 US

2. Principal Place of Business	3. Mailing Address
1 S.E. 3RD AVE 3050 Suite, Apt. #, etc. 3050	1 S.E. 3RD AVE 3050 Suite, Apt. #, etc. 3050

City & State	City & State
MIAMI FL	MIAMI FL

Zip	Country	Zip	Country
33131	US	33131	US

4. FEI Number  
**65-0183491**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**DEUTCH, RICHARD E., JR.  
1 S. E 3RD AVE  
STE 3050  
MIAMI  
33133  
US**7. Name and Address of New Registered Agent**Name  
DEUTCH, RICHARD E., JR.  
Street Address (P.O. Box Number is Not Acceptable)  
1 S. E 3RD AVE  
STE 3050  
City  
MIAMI  
FL  
Zip Code  
33131

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 \_\_\_\_\_ DATE **05/01/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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, 2001 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	PTSD	<input type="checkbox"/> Delete
NAME	DEUTCH, RICHARD E., JR.	
STREET ADDRESS	2665 S BAYSHORE DR, STE 202	
CITY-ST-ZIP	MIAMI FL 33133	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PTSD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEUTCH, RICHARD E., JR.		
STREET ADDRESS	1 S.E. 3RD AVENUE, #3050		
CITY-ST-ZIP	MIAMI FL 33131		
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:** RICHARD E. DEUTCH, JR.

P

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)