	003 FOR PROF				FILED Apr 21, 2003 8:00 am	0218860
	MENT # L6164	0			Secretary of State	Ą
1. Entity Nam	FICES OF RICHARD E. DEL	JTCH, JR., P.A.			04-21-2003 90300 041 ***150.00	
Principal Plac 1- 3.E-3RD A1 3050	e of Business VE-	Mailing Address 1-S:E-SRD-AVE- 2050			~	
MIAMI FL 331	31	M iami FL 33131 US-				
	Place of Business	3. Mailing Address		7	T TORAN AND AND AND AND AND AND AND AND AND A	
Suite, Apt.	PALMETTO CT. #, etc.	Suite, Apt. #, etc.	METTO C	<u> </u>		
City & Stat	CREST, FLA	City & State PINELREST	<u>, F2</u>	4.	FEI Number 65-0183491 Applied For Not Applicable	
2ip 3315	56 USA	Zip 33156	Country USA		Certificate of Status Desired	
	6. Name and Address of Current	Registered Agent	Name	7.	Name and Address of New Registered Agent	
DEUTCH, RICHARD E., JR. 1 -S. E SRD AVE			Street Add	ress (P.O.	Box Number is Not Acceptable) PALMETTO COLET	
STE 3050 MIAMI-FL			City O			
8. The above	named entity subgets this statement fo	r the purpose of changing its re	(-1)		Gent, or both, in the State of Florida. 1 am familiar with, and accept	
the obligat	ions of registered agent.					
SIGNATURE	Signature, typed or privited pame of registered agent in	ARD E. DEME and title if applicable. (NOTE: F	Registered Agent signature	equired when	3- <u>4.17.03</u> reinstating) DATE	
🚽 🏓 Aftei	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 < Payable to Florida Department of	State			 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 	
10. "	OFFICERS AND		11. THE	A	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	J
NAME STREET ADDRESS	DEUTCH, RICHARD E., JR. 1 -S.E. 3RD AVENUE,#305 0	L] Delete	TITLE NAME STREET ADDRESS	775	LAN MATTER LONG	-
CITY-ST-ZIP TITLE	MIAMI FL-33131		CITY-ST-ZIP 5	21 NE	CREST FL. 33156	5 U V T
NAME STREET ADDRESS	(NAME STREET ADDRESS			5
CITY-ST-ZIP TITLE			CITY-ST-ZIP TITLE		Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			
TITLE		Delete	TITLE		Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY - ST - ZIP	_		
TITLE NAME STREET ADDRESS CITY- ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY- ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
12. I hereby c indicated of the cor changed,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee error or on an attachment with an activers, y	this filing does not qualify for the true and accurate and that my weath o execute this report as whall other like empowered.	ne exemption stated signature shall have s required by Chapte	in Section the same of 607, Flo	n 119.07(3)(i), Florida Statutes. I further certify that the information e legal effect as if made under oath; that I am an officer or director rida Statutes; and that my name appears in Block 10 or Block 11 if	
SIGNAT		PRENDEN A		BUT	CM TR. 4.17.03 305 8057 Date Dayline Phylor	