FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
05-12-2002 90589 047 ***150.00

DOCUMENT # L99000002095

1. Entity Name
DEERWOOD BUSINESS PARK, L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1150 E. HALLANDALE BEACH BLVD	1150B E. HALLANDALE BEACH BL
Suite, Apt. #, etc.: SUITE B	Suite, Apt. #, etc.: SUITE B
City & State: HALLANDALE, FL 33009	City & State: HALLANDALE, FL 33009
Zip: 33009 Country: USA	Zip: 33009 Country: USA

4. FEI Number: 65-0910645 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LECHTER, ROBERT S

Street Address (P.O. Box Number is Not Acceptable): 1150 E HALLANDALE BEACH BLVD
SUITE B

City: HALLANDALE FL Zip Code: 33009

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
Signature, agent's 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) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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
MGR	LECHTER, ROBERT S	1150 E Hallandale Beach Blvd Ste B	HALLANDALE, FL 33009
MGR	MENDEZ, HECTOR	1150B E. HALLANDALE BEACH BLVD	HALLANDALE, FL 33009

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing meets the requirements for electronic filing prescribed 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 12 above, with an address, with all other like empowered.

SIGNATURE: Robert Lechter Manager 4/29/2002 (954)455-3660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #