## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P95000060911 Apr 26, 2001 8:00 am Secretary of State INVESTMENTS OF DEERFIELD, INC. 04-26-2001 90251 026 \*\*\*150.00 Principal Place of Business Mailing Address 6550 NORTH FEDERAL HIGHWAY 6550 N FEDERAL HIGHWAY **STE 340 SSTE 340** FT LAUDERDALE F 33308 FT LAUDERDALE FL 33308 US HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE whe amo oute algo City & State City & State 4. FEI Number 65-0602657 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CANTOR, SAMUEL J 1489 W PALMETTO PARK RD, SUITE 485 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33486** Zip Code City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE Change Delete **BISTRICER, SIMONE** NAME NAME 6550 N. Federal Huy, Svite 240 6550 N FEDERAL HIGHWAY STE 340 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY - ST - 7(P C:TY-ST-ZIP Director Herman Bistrices Herman Bistrices Highway, Svite 240 Ft Landerale Florida 33308 Vice President, Socretary Change X Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-71P □ Delete TITLE TITLE RUBERT BLATT bederal Highway Suite 240 6550 North federal Highway 33308 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TiTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THUE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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