

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90205 021 ***158.75

DOCUMENT # **P96000051589**

1. Entity Name
MERYL DEUTSCH & ASSOCIATES INC.

C0064830

Principal Place of Business Mailing Address
MANDARIN DRIVE **7039 MANDARIN DRIVE**
RATON FL 33433 **BOCA RATON FL 33433-7411**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1287 E Newport Center Dr *Stamie*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 209
 City & State City & State
Deerfield Beach *FL*
 Zip Country
33442 *USA*

4. FEI Number Applied For
65-0686886 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DEUTSCH, MERYL
7039 MANDARIN DRIVE
BOCA RATON FL 33433

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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]*
 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 Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	D <input type="checkbox"/> Delete
NAME	DEUTSCH, MERYL
STREET ADDRESS	7039 MANDARIN DRIVE
CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	VICE PRESIDENT <input type="checkbox"/> Delete
NAME	DEUTSCH, EDWARD
STREET ADDRESS	1287 E. Newport Center Dr
CITY-ST-ZIP	Deerfield Beach FL 33442
TITLE	Suite 209 <input type="checkbox"/> Delete
NAME	DEERFIELD BEACH
STREET ADDRESS	FL 33442
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1287 E Newport Center Dr
STREET ADDRESS	Suite 209
CITY-ST-ZIP	Deerfield Beach FL 33442
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: *[Signature]* Meryl Deutsch, 4/10/00 954-57117
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)