

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90042 008 ***150.00

DOCUMENT # P97000007430

1. Entity Name
DEEB & DEEB, P.A.

Principal Place of Business
999 PONCE DE LEON BLVD
SUITE 1015
CORAL GABLES FL 33134
US

Mailing Address
999 PONCE DE LEON BLVD
SUITE 1015
CORAL GABLES FL 33134
US

547393



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2350 Coral Way

Suite, Apt. #, etc.

Suite 401

City & State

Miami, FL

Zip

33145

Country

USA

3. Mailing Address

2350 Coral Way

Suite, Apt. #, etc.

Suite 401

City & State

Miami, FL

Zip

33145

Country

USA

4. FEI Number 65-0732005

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEEB, KEVIN L
999 PONCE DE LEON BLVD
SUITE 1015
CORAL GABLES FL 33134

Name KEVIN L. DEEB, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

2350 Coral Way

Suite 401

City

Miami

FL

Zip Code

33145

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

1/17/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DCEO ☐ Delete
NAME DEEB, KEVIN L
STREET ADDRESS 999 PONCE DE LEON BLVD, SUITE 1015
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME DEEB, KEVIN L
STREET ADDRESS 999 PONCE DE LEON BLVD, SUITE 1015
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☐ Delete
NAME DEEB, ERICK L
STREET ADDRESS 999 PONCE DE LEON BLVD, SUITE 1015
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/01 305/854-7978

CR2E034 (10/00)