

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105343

1. Entity Name

DEEP, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90093 044 \*\*\*150.00

Principal Place of Business

Mailing Address

2295 CORPORATE BLVD NW STE 131  
BOCA RATON FL 33434

2295 CORPORATE BLVD NW STE 131  
BOCA RATON FL 33431-7330

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0893664

APPLIED FOR

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

GERSON, GARY N  
1645 PALM BEACH LAKES BLVD STE 1200  
WEST PALM BEACH FL 33401

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPCB  
NAME FORSTER, WILLIAM A  
STREET ADDRESS 2295 NW CORPORATE BLVD.  
CITY-ST-ZIP BOCA RATON FL 33431 ☐ Delete

TITLE S  
NAME WILSON, JEANNE M  
STREET ADDRESS 3411 SPANISH TRAIL  
CITY-ST-ZIP DELRAY BEACH FL 33483 ☒ Delete

TITLE D  
NAME GROSS, DAVID  
STREET ADDRESS 2771 NW 18TH STREET  
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE VCD  
NAME NATAN, DAVID A  
STREET ADDRESS 5940 NW 56TH COURT  
CITY-ST-ZIP CORAL SPRINGS FL 33067 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE S  
NAME KAPLAN, LEONARD F.  
STREET ADDRESS 616 NW 112 WAY  
CITY-ST-ZIP CORAL SPRINGS, FL 33071 ☒ Change ☐ Addition

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

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

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

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

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: *Leonard F. Kaplan* LEONARD F. KAPLAN 4/19/00 561-998-5660  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)