

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/12

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90015 021 \*\*\*150.00

**DOCUMENT # P99000008927**  
 1. Entity Name  
**YVETTE DEINLA & ASSOCIATES, INC.**

Principal Place of Business      Mailing Address  
~~2300 POST GARDENS WAY #300 BOCA RATON FL 33433~~ *23205-A Fountainview Dr.* ~~2300 POST GARDENS WAY #300 BOCA RATON FL 33433-5666~~ } *same as place Principal Place of Business*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**23205-A FOUNTAINVIEW DR.**      **23205-A FOUNTAINVIEW DR.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
~~BOCA RATON FL 33433~~      ~~BOCA RATON FL 33433~~  
 City & State      City & State  
**FL BOCA RATON, FL**      **FL BOCA RATON, FL**  
 Zip      Country      Zip      Country  
**33433**      **U.S.A.**      **33433**      **U.S.A.**

4. FEI Number      Applied For  
**65-0914597**       Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DEINLA, YVETTE**  
**320 PLAZA REAL #217 23205-A FOUNTAINVIEW DR.**  
**BOCA RATON FL 33432 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 *Yvette Deinla*      DATE *4/3/00*  
Signature, typed or 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.   
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>YVETTE DEINLA</b> <b>23205-A FOUNTAINVIEW DRIVE</b> <b>BOCA RATON, FL 33433</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>n/a</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Yvette Deinla*      DATE *4/3/00*      DAYTIME PHONE # *(561) 392-3043*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)