

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

0367962 AV

03-18-2002 90072 049 ***150.00

DOCUMENT # **P99000016274**

1. Entity Name
ADRIANA DEUTSCH, P.A.

Principal Place of Business
10248 BROOKVILLE LANE
BOCA RATON FL 33428

Mailing Address
10248 BROOKVILLE LANE
BOCA RATON FL 33428

2. Principal Place of Business
21179 PONTE VISTA CR.
 Suite, Apt. #, etc.

3. Mailing Address
21179 PONTE VISTA CR.
 Suite, Apt. #, etc.

City & State
BOCA RATON FL
 Zip **33428** Country

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BOCA RATON FL
 Zip **33428** Country

4. FEI Number **65-0896072** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SERLE, STEVEN
LAW OFFICES OF STEVEN SERLE
2101 CORPORATE BLVD NW SUITE 325
BOCA RATON FL 33431

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, 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

~~10. Election Campaign Financing~~ **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	DEUTSCH, ADRIANA	10248 BROOKVILLE LANE	21179 PONTE VISTA CR	<input type="checkbox"/>
		BOCA RATON FL 33428	BOCA RATON FL 33428	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Adriana Deutsch
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02 56-2395080
 Date Daytime Phone #

CR2E034 (9/01)