

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Z00350

1. Entity Name

D/I COMPANIES - DEERFIELD, L.C.

FILED

00 JAN 26 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

12000 BISCAYNE BLVD.  
SUITE 810  
MIAMI FL 33181-2742  
US

Mailing Address

12000 BISCAYNE BLVD.  
SUITE 810  
MIAMI FL 33181-2727  
US

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

65-0255026

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

IRELAND, SCOTT R  
12000 BISCAYNE BLVD.  
SUITE 810  
MIAMI FL 33181-2742

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE M  
NAME DEUTSCH, EDWARD B  
STREET ADDRESS 1900 SE 17TH ST. CSWY 4TH FLOOR  
CITY-ST-ZIP FT. LAUDERDALE FL 33316 ☐ Delete

TITLE M  
NAME IRELAND, THOMAS K  
STREET ADDRESS 12000 BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI FL 33181-2742 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Delete  
700003118257  
-02/01/00--01062--009  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1-13-00

305-891-6806

THOMAS IRELAND