

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90113 039 ***150.00

DOCUMENT # P97000017560

1. Entity Name
ABRAM LEWKOWICZ REALTY, INC.



Principal Place of Business
**437 GOLDEN ISLES DRIVE
SUITE 16E
HALLANDALE FL 33009
US**

Mailing Address
**437 GOLDEN ISLES DR.
#16
HALLANDALE FL 33009
US**



2. Principal Place of Business
3061 Exeter D
Suite, Apt. #, etc.

3. Mailing Address
3061 Exeter D
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
BOCA RATON FL

City & State
BOCA RATON FL

4. FEI Number **65-0829647**

Applied For
Not Applicable

Zip **33434** Country **USA**

Zip **33434** Country **USA**

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

6. Name and Address of Current Registered Agent

**PERLMAN, MARK
1820 EAST HALLANDALE BEACH BLVD.
HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

Name **LEWKOWICZ, ABRAM**
Street Address (P.O. Box Number is Not Acceptable)

3061 Exeter D
City **Boca Raton** **FL** Zip Code **33434**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Abram Lewkowicz** **3/13/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LEWKOWICZ, ABRAM 437 GOLDEN ISLES DRIVE HALLANDALE FL 33009 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LEWKOWICZ, ABRAM 3061 Exeter D BOCA RATON FL 33434 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | LEWKOWICZ, MIRIAM 3061 Exeter D BOCA RATON FL 33434 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Abram Lewkowicz** **3/13/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #