

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90081 012 \*\*\*150.00

**DOCUMENT # 626709**

1. Entity Name  
**LUDLUM CORPORATION**

Principal Place of Business <b>231 ALTARA AVE          CORAL GABLES FL 33146          US</b>	Mailing Address <b>231 ALTATA AVE          CORAL GABLES FL 33146          US</b>
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00006833



DO NOT WRITE IN THIS SPACE

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 <b>59-1918635</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**FERNANDEZ, HERMINIA CPA  
 231 ALTARA AVE  
 CORAL GABLES FL 33146**

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 \_\_\_\_\_ (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, 2001 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	DP	<input type="checkbox"/> Delete
NAME	SHULEVITZ, WILLIAM	
STREET ADDRESS	4747 COLLINS AVE #1008	
CITY-ST-ZIP	MIAMI BEACH, FL 3	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	SHULEVITZ, DEBORAH	
STREET ADDRESS	4747 COLLINS AVE #1008	
CITY-ST-ZIP	MIAMI BEACH, FL 3	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SHULEVITZ, MICHAEL	
STREET ADDRESS	4747 COLLINS AVE #1008	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SHULEVITZ, JUDITH	
STREET ADDRESS	4747 COLLINS AVE., #1008	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: W Shulevitz **WILLIAM SHULEVITZ, PRES.** 1/9/01 305-448-1648  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)