🔭 ×2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 641446** 1. Entity Name LEVITT INDUSTRIES, INC.

FILED Apr 14, 2001 8:00 am Secretary of State 04-14-2001 90011 043 ***150.00

Principal Plac	e of Business	Mailing Address								
7777 GLADES ROAD BOCA RATON FL 33434-4150		7777 GLADES ROAD BOCA RATON FL 33434-4150								
2. Principal P	lace of Business	3. Mailing Address			-					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_	DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. 1	FEI Number 59-1966273			plied For t Applicable	
Zip Country		Zip Country		у	5. (5. Certificate of Status Desired		\$8.75 Additional Fee Required		
	6. Name and Address of Current R	gistered Agent			7. 1	7. Name and Address of New Registered Agent				
				Name						
CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301				Street Address (P.O. Box Number is Not Acceptable)						
IALL	ANASSEE FL 32301			City			FL	Zip Code		
								<u></u>		
8. The above	named entity submits this statement for t	he purpose of changing its i	registere	d office or regist	tered ag	gent, or both, in the State of Florida.				
	·									
SIGNATURE.	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE:	: Registered	Agent signature requi	ired when re	einstating)	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 \$550.0 Make Check Payable to Department of			10. Election Campaign Financin Trust Fund Contribution.	ng 🗆		0 May Be to Fees		
11. OFFICERS AND I		<u> </u>		purumont or o		DDITIONS/CHANGES TO OFFICER	S AND I	DIRECTORS	S IN 11	
TITLE	PD	Delete	TITLE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Change	☐ Addition	
NAME	WIENER, ELLIOTT M	D0.000	NAME							
STREET ADDRESS CITY-ST-ZIP	7777 GLADES ROAD #410 BOCA RATON FL			T ADDRESS ST-ZIP						
TITLE	V	☐ Delete	TITLE					☐ Change	☐ Addition	
NAME	SLEEK, HARRY		NAME	1						
STREET ADDRESS CITY-ST-ZIP	7777 GLADES ROAD, SUITE 410			T ADDRESS ST-ZIP						
	BOCA RATON FL VSTD ERV	Delete	TITLE					☐ Change	☐ Addition	
TITLE NAME	HOYOS, JEFFREY	r-1 neiere	NAME					onemgo		
STREET ADDRESS	7777 GLADES ROAD #410		STREE	T ADDRESS						
CITY-ST-ZIP	BOCA RATON FL		CITY-	ST-ZIP						
TITLE	VSD	☐ Delete	TITLE					Change	☐ Addition	
NAME	WEST, ALFRED G		NAME							
STREET ADDRESS	7777 GLADES RD. #410			T ADDRESS						
CITY-ST-ZIP	BOCA RATON FL		+	ST-ZIP					E Address	
TITLE	V DAMIANO TOM	☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS	DAMIANO, TOM		NAME STREE	T ADDRESS						
CITY-ST-ZIP	7777 GLADES ROAD, SUITE 410 BOCA RATON FL			ST-ZIP						
TITLE	DOOR INTOINE	☐ Delete	TITLE			* -		☐ Change	☐ Addition	
NAME			NAME						_	
STREET ADDRESS			STREE	T ADDRESS]	
CITY-ST-ZIP			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 if ustee 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:

SIGNATURE AND CYPED

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR