

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725334

1. Entity Name

POST 682,JWV HOLDING CORP.

FILED

Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90894 005 ****61.25

Principal Place of Business

Mailing Address

C/O RALPH LEVINE
2880 NE 203 ST. APT.1
MIAMI FL 33180

C/O RALPH LEVINE
2880 NE 203 ST. APT.1
MIAMI FL 33180

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

65-0054164

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVINE, RALPH
2880 NE 203RD ST.
APT. 1
MIAMI FL 33180

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME ALTER, JANICE ☐ Delete
STREET ADDRESS 17940 NE 19 AVENUE
CITY-ST-ZIP NORTH MIAMI BEACH FL

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

TITLE TD
NAME LEVINE, RALPH ☐ Delete
STREET ADDRESS 2880 NE 203 ST. 1
CITY-ST-ZIP MIAMI FL

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

TITLE VD
NAME STAPLE, HOWARD ☐ Delete
STREET ADDRESS 8901 S OCEAN DR, APT 3
CITY-ST-ZIP HOLLYWOOD FL

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

TITLE PD
NAME BLACK, IRV ☒ Delete
STREET ADDRESS 1351 SW 141 AVE #415
CITY-ST-ZIP PEMBROKE PINES FL

TITLE SD
NAME LEVINE, RALPH ☒ Addition
STREET ADDRESS 2880 NE 203 ST #1
CITY-ST-ZIP Aventura FL 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 617, 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: *Ralph Levine*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02

305931-222

Date

Daytime Phone #

CR2E037 (9/01)