

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001785

1. Entity Name

LEVIEU 2000 INVESTMENTS, LTD.

Principal Place of Business

3100 SOUTH OCEAN BLVD.  
PALM BEACH FL 33480

Mailing Address

3100 SOUTH OCEAN BLVD.  
PALM BEACH FL 33480

FILED

01 AUG -7 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

Above

3. Mailing Address

Philip Levien

Suite, Apt. #, etc.

Suite, Apt. #, etc.

43 Deer Park Road

City & State

KINGS POINT NY

DUE BY SEPTEMBER 26, 2001

4. FEI Number

65-1064543

Applied For

Not Applicable

Zip

Country

Zip

Country

11024

NASSAU

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

M & W AGENTS, INC.

BOCA CORPORATE CENTER

2101 CORPORATE BLVD., SUITE 107

BOCA RATON FL 33431

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

9. Capital Contributions  
as Shown on record.

\$10,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

2,000,000

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # L00000013532  
NAME LEVIEU 2000 HOLDINGS, L.L.C.  
STREET ADDRESS 3100 SOUTH OCEAN BLVD.  
CITY-ST-ZIP PALM BEACH FL 33480

STREET ADDRESS PHILIP Levien 43 Deer Park Road  
CITY-ST-ZIP KINGS POINT NY 11024

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS 0000004534990--9  
CITY-ST-ZIP -08/15/01--01015--004  
\*\*\*\*926.25 \*\*\*\*926.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (5/01)