

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000870

1. Entity Name

JACOB LEVINE & ASSOCIATES, LTD.

Principal Place of Business

3221 N.E. 57TH COURT
FT. LAUDERDALE FL 33308

Mailing Address

3221 N.E. 57TH COURT
FT. LAUDERDALE FL 33308-2817

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0928932

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
100 S.E. 2ND STREET, 28TH FLOOR
MIAMI FL 33131

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

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.

\$1,502,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,700,000

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

DOCUMENT # P99000022508
NAME JACOB LEVINE, INC.
STREET ADDRESS 3221 N.E. 57TH COURT
CITY - ST - ZIP FT. LAUDERDALE FL 33308

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jacob Levine for
Jacob Levine, Inc. 4/28/00

954-771-7288

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED

00 MAY 18 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E0C3 (9/99)