

**2003 LIMITED PARTNERSHIP
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**

FILED
03 APR 25 PM 4:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA
MJH



2. Principal Place of Business
6678 Grande Orchid Way
Suite, Apt. #, etc.

3. Mailing Address
6678 Grande Orchid Way
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
Delray Beach, FL

City & State
Delray Beach, FL

4. FEI Number **65-0928932**

Applied For
Not Applicable

Zip Country
33446 USA

Zip Country
33446 USA

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. **\$1,700,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **1,700,000.00**

11. MAKE CHECK PAYABLE TO FL. 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 # **P99000022508**
NAME **JACOB LEVINE, INC.**
STREET ADDRESS **3221 N.E. 57TH COURT**
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

STREET ADDRESS **6678 Grande Orchid Way**
CITY-ST-ZIP **Delray Beach, FL 33446**

DOCUMENT #
NAME
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CITY-ST-ZIP

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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

Paula Weiner-

4-22-03

561-637-8141

Jacob Levine, Inc.

Date

Daytime Phone #

CR2E003 (10/02)

0002827-AV