FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

DOCUMENT # F78516  1. Entity Narge LEJAY, INC.  Principal Place of Business  16251 N.W. 54 AVENUE MIAMI FL 33014 US  Mailing Address  Mailing Address				Jan 22, 2001 8:00 am Secretary of State 01-22-2001 90093 044 ***150.00				
								2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.				-	DO NOT WRITE IN	THIS SPACE		
City & Stat	City & State City & State			4. FÉ	Number 59-2199798	— — — — — — — — — — — — — — — — — — —	opplied For lot Applicable	
Zip	Country	Zip (	Country	<b>5.</b> Ce	rtificate of Status Desired	\$8.75 Ad		
	6. Name and Address of Current Re	gistered Agent		7. Na	me and Address of New Regist			
			Name					
LEVIN, STEPHEN C/O LEJAY, INC.			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
	1 N.W. 54 AVENUE AI FL 33014							
,,,,,			City			FL Zip Coo	eb	
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 After MAY 1, 2001 Fee w Make Check Payable to Dep			Fee will be \$550.00		Election Campaign Financin     Trust Fund Contribution.		00 May Be ed to Fees	
11.	OFFICERS AND DI	RECTORS	12.	ADD	TIONS/CHANGES TO OFFICERS		RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVS LEVIN, JEANNE 16251 NW 54TH AVE MIAMI FL 33014	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition :	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVIN, STEPHEN 16251 NW 54TH AVE MIAMI FL 33014	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	. ,-	☐ Delete	TITLE  NAME: STREET ADDRESS CITY-ST-ZIP	~		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is tro poration or the ecoiver outrustee empower or on an attachment with an address, with	ue and accurate and that my sared to execute this report as r	ionature shall have th	e same led	ralleffect as if made under oath; t	hat I am an office	or or director or Block 12 if	