

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002357

1. Entity Name

LEVITON MANUFACTURING CO., INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90044 047 ***550.00

Principal Place of Business

59-25 LITTLE NECK PARKWAY
LITTLE NECK NY 11362

Mailing Address

59-25 LITTLE NECK PARKWAY
LITTLE NECK NY 11362

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

11-1001790

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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so:
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LEVITON, HAROLD ☐ Delete
STREET ADDRESS 59-25 LITTLE NECK PARKWAY
CITY-ST-ZIP LITTLE NECK NY 11362

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

TITLE VD
NAME DEBIASI, RALPH ☐ Delete
STREET ADDRESS 59-25 LITTLE NECK PARKWAY
CITY-ST-ZIP LITTLE NECK NY 11362

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

TITLE SD
NAME SOKOLOW, STEPHEN ☐ Delete
STREET ADDRESS 59-25 LITTLE NECK PARKWAY
CITY-ST-ZIP LITTLE NECK NY 11362

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

TITLE D
NAME HENDLER, DONALD ☐ Delete
STREET ADDRESS 59-25 LITTLE NECK PARKWAY
CITY-ST-ZIP LITTLE NECK NY 11362

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

TITLE D
NAME KRIEGMAN, ELIZABETH ☐ Delete
STREET ADDRESS 59-25 LITTLE NECK PARKWAY
CITY-ST-ZIP FLUSHING NY 11362

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ralph DeBiasi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/00

Date

718-229-4040

Daytime Phone #

CR2E034 (5/00)