FILED

2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE RASSMARED

Apr 15, 2002 8:00 am Secretary of State H39219 DOCUMENT # 1. Entity Name 04-15-2002 90002 041 ***150.00 E. LEVY CORPORATION, INC. Principal Place of Business Mailing Address 1614 WASHINGTON AVE. 1614 WASHINGTON AVE. MIAMI BEACH FL 33139-3107 MIAMI BEACH FL 33139-3107 2. Principal Place of Business 3. Mailing Address 1051 WAShiNGTON LOTI WAShINGTON Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2493164 Miani Boach FIA . Mismi Boad Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 4.2.N 4.3.A. 33139 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ELIMAHU LEVY, ELIYAHU Street Address (P.O. Box Number is Not Acceptable) 1614 WASHINGTON AVE. MIAMI BEACH FL 33139 Zip Code BOALL 8. The above named entity submits this statem iging its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PST** ☐ Delete Addition TITLE TITLE LEVY, ELIYAHU LEVY, ELIYAHU NAME NAME 1614 WASHINGTON AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP _TITLE Delete_ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS 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