## 2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # H55875** Mar 04, 2000 8:00 am 1. Entity Name **Secretary of State** LEVIN, SILVEY ZELKO & CO., P.A. 03-04-2000 90033 030 \*\*\*150.00 Principal Place of Business Mailing Address 1940 HARRISON ST 1940 HARRISON ST SUITE 201 SUITE 201 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020-5072 2. Principal Place of Business 3. Mailing Address 2699 STIRLING ROAD SAME Suite, Apt. #, etc. **B-20**5 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2527584 HOLLUWOOD, FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired BROWARD Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SILVEY, MITCHELL Street Address (P.O. Box Number is Not Acceptable) \$\int 3699 \ 371RLING ROAD\$ 1940 HARRISON ST SUITE 201 Suite B-205 HOLLYWOOD FL 33020 HOUGWOOD 8. The above named entity solomits this statement for the parpose of changing its registered office or registered agent, or both, in the State of Florida MITCHELL SILVEY FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. TITLE Change ☐ Addition TITLE ☐ Delete SILVEY, MITCHELL H. NAME 2699 STIRLING ROAD, B-205 STREET ADDRESS STREET ADDRESS 1940 HARRISON ST HOLLYWOOD, FL 333/2-6543 CITY-ST-ZIP CITY-ST-ZIE HOLLYWOOD FL Change TITLE TITLE Delete ROBERT A. ZELKO 2699 STIRLING ROAD, B-205 NAME NAME STREET ADDRESS STREET ADDRESS HOLLYWOOD O, FL 33312-6543 CITY-ST-ZIP CITY-ST-ZIP Change\* ☐ Addition TITLE ☐ Délete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee changed, or on an attachment with an add SIGNATURE: