

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J10265

1. Entity Name

LEVY LAND COMPANY

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90043 021 ***150.00

Principal Place of Business

9300 S DADELAND BLVD
SUITE 414
MIAMI FL 33156

Mailing Address

9300 S DADELAND BLVD
SUITE 414
MIAMI FL 33156

2. Principal Place of Business

10691 N. Kendall Dr

3. Mailing Address

10691 N. Kendall Dr

Suite, Apt. #, etc.

Suite 108

Suite, Apt. #, etc.

Suite 108

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33176

Country

USA

Zip

33176

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0009189

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STECHMANN, ROBERT A.
9300 S. DADELAND BLVD
SUITE 414
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

10691 N. Kendall Dr

Suite 108

City MIAMI

FL

Zip Code 33176

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 re-registering)

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

PD
STECHMANN, ROBERT A.
9300 S DADELAND BLVD
MIAMI FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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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:

Robert A. Stechmann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/01

Date

(305) 5986253

Daytime Phone #

CR2E034 (10/00)