

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90123 034 ***150.00

80048568



DO NOT WRITE IN THIS SPACE

DOCUMENT # K21135

1. Entity Name

WILLIAM H. LEFKOWITZ, P.A.

Principal Place of Business

Mailing Address

2601 E. OAKLAND PARK BLVD.

2601 E. OAKLAND PARK BLVD.

#208

#208

LAUDERDALE FL 33306

FORT LAUDERDALE FL 33306-1612

US

2. Principal Place of Business

3. Mailing Address

3100 N. OCEAN BLVD.

C/O WILLIAM H. LEFKOWITZ

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1008

3100 N. OCEAN BOULEVARD #1008

City & State

City & State

FT. LAUDERDALE, FLORIDA

Zip

Country

33308

U.S.A.

Zip

Country

USA

4. FEI Number

65-0043301

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

LEFKOWITZ, WILLIAM H.

2601 E. OAKLAND BLVD.

#208

FORT LAUDERDALE FL 33306

Name

WILLIAM H. LEFKOWITZ

3100 N. OCEAN BOULEVARD #1008

FT LAUDERDALE FLORIDA 33308

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

William H. Lefkowitz

Registered Agent & President

4/20/2000

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 \$150.00
After MAY 1, 2000 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

12. **DP** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **LEFKOWITZ, WILLIAM H.**
STREET ADDRESS **2601 E. OAKLAND PARK BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33306**

TITLE ☒ Change ☐ Addition
NAME **WILLIAM H. LEFKOWITZ**
STREET ADDRESS **3100 N. OCEAN BOULEVARD #1008**
CITY-ST-ZIP **FT LAUDERDALE FLORIDA 33308**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

William H. Lefkowitz
WILLIAM H. LEFKOWITZ, PRESIDENT

4/20/00

Date

954-824-6784

Daytime Phone #

CR2E034 (9/99)