

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # K21135**1. Entity Name
WILLIAM H. LEFKOWITZ, P.A.**Principal Place of Business**3100 N OCEAN BLVD
#1008
FORT LAUDERDALE
33308

FL

US

Mailing AddressC/O WILLIAM H LEFKOWITZ
3100 N. OCEAN BLVD. #10008
FORT LAUDERDALE
33306

FL

US

2. Principal Place of Business

5920 ALMOND TERRACE

3. Mailing Address

C/O WILLIAM H LEFKOWITZ

Suite, Apt. #, etc.

Suite, Apt. #, etc.
5920 ALMOND TERRACE**City & State**

PLANTATION

FL

City & State

PLANTATION

FL

Zip

33317

Country

US

Zip

33317

Country

US

4. FEI Number**65-0043301****Applied For**☐ Not Applicable**5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentLEFKOWITZ WILLIAM H
3100 N. OCEAN BLVD. #1008FORT LAUDERDALE
33308

FL

7. Name and Address of New Registered Agent**Name**

LEFKOWITZ WILLIAM H

Street Address (P.O. Box Number is Not Acceptable)
5920 ALMOND TERRACECity
PLANTATION

FL

Zip Code
33317

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 _____ **04/29/2001**

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, 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	DP	<input type="checkbox"/> Delete
NAME	LEFKOWITZ, WILLIAM H.	
STREET ADDRESS	3100 N. OCEAN BLVD. #1008	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEFKOWITZ, WILLIAM H.	
STREET ADDRESS	5920 ALMOND TERRACE	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: WILLIAM H. LEFKOWITZ

PRES

04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)