

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State
 02-01-2000 90001 025 ***150.00

DOCUMENT # L74977

1. Entity Name
B & B PROMOTIONS, INC.

703426



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
~~57 HARWOOD G~~ ~~57 HARWOOD G~~
~~57~~ ~~57~~
~~DEERFIELD BEACH FL 33442~~ ~~DEERFIELD BEACH FL 33442-3452~~

2. Principal Place of Business 3. Mailing Address
6001 N. OCEAN DR **6001 N. OCEAN DR**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
402 **402**
 City & State City & State
HOLLYWOOD FL **HOLLYWOOD FL**
 Zip Zip
33019 **33019** Country Country

4. FEI Number **65-0202944** 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
LEVY, ROBERT Name **LEVY, ROBERT**
~~57 HARWOOD G~~ Street Address (P.O. Box Number is Not Acceptable)
~~DEERFIELD BEACH FL 33442~~ **6001 N. OCEAN DR**
State # 402
 City **HOLLYWOOD** FL Zip Code **33019**

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 **Robert Levy** DATE **1/12/00**
 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 Tax filing requirement and elects to do so. ☐ **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 ☐ **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|-------------------------------------|---------------------------------|---|------------------------------|--|
| TITLE | P | <input type="checkbox"/> Delete | TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBERT, LEVY | | NAME | ROBERT LEVY | |
| STREET ADDRESS | 57 HARWOOD G | | STREET ADDRESS | 6001 N. OCEAN DR #402 | |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33442 | | CITY-ST-ZIP | HOLLYWOOD FL 33019 | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEVY, BARBARA | | NAME | BARBARA LEVY | |
| STREET ADDRESS | 57 HARWOOD G | | STREET ADDRESS | 6001 N. OCEAN DR #402 | |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33442 | | CITY-ST-ZIP | HOLLYWOOD FL 33019 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | | STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: **Robert Levy** DATE **1/12/00** DAYTIME PHONE # **9544216914**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)