## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L75054  1. Entity Name LEVEY ENTERPRISES, INC.				Apr 30, 2002 8:00 an Secretary of State 04-30-2002 90145 008 ***150.00		
Principal Place of Business  * BARRY LEVEY  2657 N OCEAN BLVD #9  BOCA RATON FL 33431		Mailing Address % BARRY LEVEY 2657 N OCEAN BLVD #9 BOCA RATON FL 33431				
Principal Place of Business     3. Mailing Address		- I TARKARIA BIN KARAN BAKIN BAKIN BAKIN BIRIN B				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State City		City & State		4. FEI Number 65-0195002 Applied For		
Zip Country		Zip Country		<del></del>	Not Applicable Additional	
	- 6Name and Address of Current	Registered Agent		Fee Rec		
		, , , , , , , , , , , , , , , , , , ,	Name	7. Name and Address of New Registered Agent		
LEVEY, BARRY 2657 N OCEAN BLVD #9			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33431			City	City FL Zip Code		
8. The abov	re named entity submits this statement for	or the purpose of changing its	registered office or regis	tered agent, or both, in the State of Florida.	<del></del>	
SIGNATURE			E: Registered Agent signature requi			
Tax-filing	poration is eligible to satisfy its Intangible prequirement and elects to do so.	FILE NOW! After May 1, 200	!! FEE IS \$150.00 02 Fee will be \$550.00 le to Department of S	10. Election Campaign Financing \$	5.00 May Be Ided to Fees	
11.	OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOCA RATON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chan		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCS LEVEY, BARBARA 2657 N OCEAN BLVD #9 BOCA RATON FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Chan	ge Addition	
NAME STREET ADDRESS CITY-ST-ZIP	DV- DEUTSCH, MAXINE 188 SHORE RD WARREN PRESTON CT 06777	Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Chang	ge Addition	
TITLE NAME STREET ADDRESS GITY-ST-ZIP		□ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Chang	ge 🗍 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Chang	e Addition	
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] Chang	e  Addition	
13. I hereby of indicated of the corporated, changed,	certify that the information supplied with on this report or supplemental report is poration or the receiver of trustee empor or on an attachment with an address, w	this filing does not qualify for t true and accurate and that my wered to execute this report a with all other like empowered.	he exemption stated in So v signature shall have the s required by Chapter 60	ection 119.07(3)(i), Florida Statutes. I further certify that the same legal effect as if made under oath; that I am an offic 7, Florida Statutes; and that my name appears in Block 11	e information eer or director or Block 12 if	

SIGNATURE:

S. Barbora Mewer D SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR