2000 UNIFORM BUSINESS REPORT (UBR)

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HOFFMAN, LEVY & ASSOCIATES, C.P.A.'S, L.C.				0	D JAN 28 PM	4: 25		
				SE	ECRETARY OF	STATE		
Principal Place of Business Mailing Address				TAL	ECRETARY OF LAHASSEE, F	LORIÑA		
2525 N STATE RD 7 2525 N STATE RD 7								
SUITE 215 SUITE 215								
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021-3262				1 1	HANGALI ALD ISHA BUKI BANI	86111 88111 88111 88111 88 1		1 0011 1001
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2. Principal Place of Business 3. Mailing Address					1881 851 810 12118 EJIIJ 681JI		14 lällik bu all	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WE	RITE IN THIS SPACE		
City & Stat	е	City & State		4. FEI N	^{umber} 65-06585 3	,,I	Not A	ed For ထုတ္ပါ။ မေါ့မေါ
A CONTRACTOR OF THE CONTRACTOR			Country		cate of Status Desired	Fee R	O Additio equired	nal .
<u> </u>	6. Name and Address of Current I	Registered Agent	Name	7. Name	and Address of New	Registered Agent		
IEW OT	SVEN 7		Ivanie					
LEVY, STEVEN Z			Street Add	dress (P.O. Box Nu	mber is Not Acceptab	ole)		
2525 N STATE RD 7								
SUITE 215								
HOLLYWOOD FL 33021			City		•	FL Z	p Code	
8. The above	named entity submits this statement for	the purpose of changing its r	egistered office or r	egistered agent, o	r both, in the State of F	Florida.		
	· Ch	1	C	,	,		ι	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	S-E-VE- Registered Agent signature	e required when reinstating	0)		107)	
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			W!!! FEE IS \$5					
		Make Check Pay	able to Departm	ient of State				
9.	MANAGING MEMBE	RS/MEMBERS	10.		ADDITION	S/CHANGES		
TITLE	MGRM	Delete	TITLE			CI	iange [Addition
MAME	HOFFMAN, SHELDON A		NAME					
STREET ADDRESS	2525 N STATE RD 7 #215		STREET ADDRESS					
CITY-\$T-ZIP	HOLLYWOOD FL 33021		CITY-\$T-ZIP	¥.			. ,	
TITLE	MGRM	Deteto	TITLE			-		Addition
NAME STREET ADDRESS	LEVY, STEVEN Z 2525 N STATE RD 7 #215		NAME Street Address	-	200003 02/03-	12155		
CITY-ST-ZIP	HOLLYWOOD FL 33021		CITY- ST-ZIP			70001003 50.00 ***	uus **50.1	nn nn
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HAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZEP	<u> </u>		CITY- ST- ZIP			• •		
11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and t	this filing does not qualify for that my signature shall have the	the exemption state he same legal effect	d in Section 119.0 t as if made under	7(3)(i), Florida Statutes oath; that i am a man	s. I further certify the aging member or m	t the infor anager o	mation f the
limited lia	bility company or the receiver or trustee	empowered to execute this re	eport as required by	Chapter 608, Flor	ida Statutes.	/	J 5	
	while	TOP DEAD		, -	, /			
SIGNAT	URE:		KEU S	EVEN EV. C	1/25	12000 (RV	1 766	<u> </u>
/*	SIGNATURE AND TYPED OR PRIN	TED NAME OF SIGNING MANAGING M	EMBER OR MANAGER		Date	Daytime P	ione #	1