

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L96000000300**

FILED

1. Entity Name
HOFFMAN, LEVY & ASSOCIATES, C.P.A.'S, L.C.

00 JAN 28 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2525 N STATE RD 7 SUITE 215 HOLLYWOOD FL 33021	Mailing Address 2525 N STATE RD 7 SUITE 215 HOLLYWOOD FL 33021-3262
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0658539** Applied For
Not Applicable

5.-Certificate of Status Desired - **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVY, STEVEN Z
2525 N STATE RD 7
SUITE 215
HOLLYWOOD FL 33021

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
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  **STEVEN Z. LEVY**  **1/25/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HOFFMAN, SHELDON A	
STREET ADDRESS	2525 N STATE RD 7 #215	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LEVY, STEVEN Z	
STREET ADDRESS	2525 N STATE RD 7 #215	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	200003121652--4	
CITY-ST-ZIP	-02/03/00--01003--005	
	*****50.00 *****50.00	

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **STEVEN Z. LEVY**  **1/25/2000** (384) 966-1141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #