

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 01, 2001 8:00 am**  
**Secretary of State**

06-01-2001 90003 021 \*\*\*150.00

**DOCUMENT # M60044**

1. Entity Name  
**SANVEL CORPORATION**

Principal Place of Business  
**800 LAUREL OAK DR**  
**#600**  
**NAPLES FL 34108**  
**US**

Mailing Address  
**800 LAUREL OAK DR**  
**#600**  
**NAPLES FL 34108**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
*4968 Tamiami Trail No.*

3. Mailing Address  
*4968 Tamiami Trail No.*

City & State  
*Naples FL*

City & State  
*Naples, FL*

4. FEI Number **52-1540631**

Applied For  
 Not Applicable

Zip  
**34103**

Country  
**US**

Zip  
**34103**

Country  
**US**

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, HANS F.**  
**800 LAUREL OAK DR**  
**S 600**  
**NAPLES FL 34108**

Name

Street Address (P.O. Box Number is Not Acceptable)  
*4968 Tamiami Trail No.*

City  
*Naples*

FL

Zip Code  
**34103**

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 *Hans F. Levy*

*4/25/01*

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!**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEVY, HANS</b>	
STREET ADDRESS	<b>800 LAUREL OAK DR #600</b>	
CITY-ST-ZIP	<b>NAPLES FL 34108</b>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>4968 Tamiami Trail No.</i>	
CITY-ST-ZIP	<i>Naples, FL 34103</i>	
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 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: *Hans F. Levy* *4/29/01* *941-430-7676*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)