

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004677

1. Entity Name

JUNGLE HABITAT, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90039 021 ****61.25

Principal Place of Business	Mailing Address
11000 SW 57TH AVENUE MIAMI FL 33156	11000 SW 57TH AVENUE MIAMI FL 33156-4102

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LEVINE, MARY H 1100 SW 57TH AVE MIAMI FL 33156

7. Name and Address of New Registered Agent
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	MEYERS, MARSHALL
STREET ADDRESS	3943 MASSACHUSETT AVE NW
CITY-ST-ZIP	WASHINGTON DC 20036
TITLE	DST <input type="checkbox"/> Delete
NAME	LEVINE, MARY
STREET ADDRESS	6000 SW 118TH AVENUE
CITY-ST-ZIP	MIAMI FL 33183
TITLE	DVP <input type="checkbox"/> Delete
NAME	TODD, LESLIE A
STREET ADDRESS	14545 SW 84TH AVENUE
CITY-ST-ZIP	MIAMI FL 33158
TITLE	DP <input type="checkbox"/> Delete
NAME	IBARRA, BARBARA A
STREET ADDRESS	11035 KILLIAN PARK RD
CITY-ST-ZIP	MIAMI FL 33156
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Mary H Levine*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/00
Date

305-595-1674
Daytime Phone #