

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90136 023 ****61.25

DOCUMENT # N97000004677

1. Entity Name

JUNGLE HABITAT, INC.

Principal Place of Business

Mailing Address

11000 SW 57TH AVENUE
 MIAMI FL 33156

11000 SW 57TH AVENUE
 MIAMI FL 33156

2. Principal Place of Business

266 S. Coconut Lane

3. Mailing Address

266 S. Coconut Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami Beach FL

City & State

Miami Beach FL

4. FEI Number

77-0004677

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33139

Country

USA

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

LEVINE, MARY H
 1100 SW 57TH AVE
 MIAMI FL 33156

Name

Levine Mary H

Street Address (P.O. Box Number is Not Acceptable)

266 S. Coconut Lane

Miami Beach

City

FL

Zip Code

33139

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME D
 STREET ADDRESS MEYERS, MARSHALL
 CITY-ST-ZIP 3943 MASSACHUSETT AVE NW
 WASHINGTON DC 20036

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME DST
 STREET ADDRESS LEVINE, MARY
 CITY-ST-ZIP 6000 SW 118TH AVENUE
 MIAMI FL 33183

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME DVP
 STREET ADDRESS TODD, LESLIE A
 CITY-ST-ZIP 14545 SW 84TH AVENUE
 MIAMI FL 33158

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME DP
 STREET ADDRESS IBARRA, BARBARA A
 CITY-ST-ZIP 11035 KILLIAN PARK RD
 MIAMI FL 33156

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this report 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/2

Date

Daytime Phone #

305-674-0009

CR2E037 (9/01)