

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90006 035 \*\*\*150.00

**DOCUMENT #** P00000004327  
**1. Entity Name**  
 Level2.com, Inc. ✓

**Principal Place of Business**      **Mailing Address**  
 800 East Cypress Creek Road  
 Suite 302  
 Fort Lauderdale, FL 33334

**2. Principal Place of Business**      **3. Mailing Address**  
 2101 W Commercial Blvd      2101 W. Commercial Blvd  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 Suite 3500

**City & State**      **City & State**  
 Fort Lauderdale, FL

**Zip**      **Country**      **Zip**      **Country**  
 33309      USA

**4. FEI Number** 65-0980667      **Applied For**  
 Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

659112

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 Lamont & Neiman, P.A.  
 One Biscayne Tower, Suite 3550  
 Two S. Biscayne Blvd.  
 Miami, FL 33131

**7. Name and Address of New Registered Agent**  
 Name:  
 Street Address (P.O. Box Number is Not Acceptable):  
 City: **FL**      Zip Code:

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** \_\_\_\_\_ (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!! FEE IS \$150.00**  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State

**10. Election Campaign Financing**      **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution:

**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
Director	Robert Jordan	800 E. Cypress Creek Rd #302	Fort Lauderdale, FL 33334	<input checked="" type="checkbox"/>
Director	Marcos Konig	800 E. Cypress Creek Rd. #302	Fort Lauderdale, FL 33334	<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
Director	Marcos Konig'	2101 W. Commercial Blvd #3500	Fort Lauderdale, FL 33309	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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:** Marcos Konig      **DATE:** 4/27/001      **DAYTIME PHONE #:** (954) 484-2618

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (11/00)