

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90183 015 \*\*\*150.00

**DOCUMENT # P00000011896**

1. Entity Name

**ZAKLEN CORPORATION**

Principal Place of Business

**4189 NORTHWEST 60TH CIRCLE  
BOCA RATON FL 33496**

Mailing Address

**4189 NORTHWEST 60TH CIRCLE  
BOCA RATON FL 33496**

2. Principal Place of Business

**1086 SOUTH ROGERS CIRCLE**

3. Mailing Address

**1086 SOUTH ROGERS CIRCLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BOCA RATON, FL**

City & State

**BOCA RATON**

4. FEI Number

**58-2519996**

Applied For

☐ Not Applicable

Zip

**33487**

Country

**PALM BEACH**

Zip

**33487**

Country

**PALM BEACH**

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

**LEVIN, JEFFREY  
4189 NORTHWEST 60TH CIRCLE  
BOCA RATON FL 33496**

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

*Jeffrey Levin*

**JEFFREY LEVIN, PRES.**

**1/16/01**

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!!! FEE IS \$150.00  
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>LEVIN, JEFFREY</b>	
STREET ADDRESS	<b>4189 NORTHWEST 60TH CIRCLE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEVIN, TINA S</b>	
STREET ADDRESS	<b>4189 NORTHWEST 60TH CIRCLE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 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:

*Jeffrey J. Levin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JEFFREY J. LEVIN, PRES.**

**1/16/01**

**561/893-0300**

Date

Daytime Phone #

CR2E034 (10/00)