

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90097 013 ***150.00

037779 AN

DOCUMENT # P00000019745**1. Entity Name**
LEVRICH CAPITAL CORP.**Principal Place of Business****22221 SANDS POINT DR**
BOCA RATON FL 33433**Mailing Address****22221 SANDS POINT DR**
BOCA RATON FL 33433**2. Principal Place of Business****740 S.W. 17th Street**

Suite, Apt. #, etc.

3. Mailing Address**740 S.W. 17th Street**

Suite, Apt. #, etc.

City & State**Boca Raton, FL.****City & State****Boca Raton, FL.****Zip****33486****Country****USA****Zip****33486****Country****USA****4. FEI Number****65-0985133****Applied For****Not Applicable****5. Certificate of Status Desired** ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****STEVEN SERLE, P.A.****2101 CORPORATE BLVD. N.W., SUITE 325**
BOCA RATON FL 33431**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**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, 2002 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****TITLE** **D** ☐ Delete
NAME **RICHARDS, ELIZABETH**
STREET ADDRESS **2101 CORPORATE BLVD., SUITE 325**
CITY-ST-ZIP **BOCA RATON FL 33431****TITLE** **D** ☐ Delete
NAME **LEVINE, JOSHUA S**
STREET ADDRESS **2101 CORPORATE BLVD., SUITE 325**
CITY-ST-ZIP **BOCA RATON FL 33431****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
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CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **V** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **P** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ 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: Elizabeth Richards**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/29/02

Daytime Phone #

(561) 347-5994

CR2E034 (9/01)