

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91247 021 ***150.00

DOCUMENT # P03000067482

1. Entity Name

Levin Sportswear, Inc.



DO NOT WRITE IN THIS SPACE

94083330

2. Principal Place of Business

6530 Windsor Dr

Suite, Apt. #, etc.

3. Mailing Address

6530 Windsor Dr

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Parkland, FL

City & State

Parkland, FL

4. FEI Number

37-1470952

Applied For

Not Applicable

Zip

33067

Country

Zip

33067

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Levin, Harold C.

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

6530 Windsor Dr

City

Parkland

FL

Zip Code

33067

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Levin, Harold C
6530 Windsor Dr
Parkland, FL 33067

TITLE
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Harold C Levin

HAROLD C. LEVIN

4-29-04 954-970-7600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)