

2006
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90281 040 ***150.00

DOCUMENT #

P04 000076844

1. Entity Name

Lewin Services, Inc.

DO NOT WRITE IN THIS SPACE

60027685

2. Principal Place of Business

510 NW 30th Terrace

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

This is the correct Fed. ID #

DO NOT WRITE IN THIS SPACE

Ft. Lauderdale, FL

Zip Country
33311 Broward

City & State

Zip Country

4. FEI Number

65-1247749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Everard Lewin

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

510 NW 30th Terrace

City

Ft. Lauderdale,

FL

Zip Code

33311

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.

APR 08 2006

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) ☐

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

President / Director

Everard Lewin

510 NW 30th Terrace

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Ft. Lauderdale, FL 33311

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Everard Lewin, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 08 2006

954- 954-336-4575

Date

Daytime Phone #

CR2E034B (12/01)