

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000024440

1. Entity Name  
LEV SOFTWARE, INC.

FILED  
Apr 11, 2001 8:00 am  
Secretary of State

04-11-2001 90101 010 \*\*\*150.00

|  |  |
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| Principal Place of Business<br>7770 W. OAKLAND PARK BLVD.<br>SUITE 303<br>SUNRISE FL 33351 | Mailing Address<br>7770 W. OAKLAND PARK BLVD.<br>SUITE 303<br>SUNRISE FL 33351 |
|--|--|

00034308



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 2. Principal Place of Business<br>8200 WEST SUNRISE BLVD<br>Suite, Apt. #, etc.<br>STE. A-4<br>City & State<br>PLANTATION, FL<br>Zip<br>33322<br>Country<br>USA | 3. Mailing Address<br>8200 W. SUNRISE BLVD.<br>Suite, Apt. #, etc.<br>SUITE A-4<br>City & State<br>PLANTATION, FL<br>Zip<br>33322<br>Country<br>USA |
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|-----------------------------|--|
| 4. FEI Number<br>65-0407028 | Applied For<br><input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent<br><del>LAFFER, HENRY ESQ<br/>7770 W. OAKLAND PARK BLVD.<br/>SUITE 303<br/>SUNRISE FL 33351</del> |
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|---|
| 7. Name and Address of New Registered Agent<br>Name<br>LAFFER, HENRY ESQ<br>Street Address (P.O. Box Number is Not Acceptable)<br>UNIVERSITY PROFESSIONAL PLAZA SUITE A-4<br>8200 WEST SUNRISE BLVD.<br>City<br>PLANTATION FL Zip Code<br>33322 |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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|---|--|---|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00<br>After MAY 1, 2001 Fee will be \$550.00<br>Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>LEVY, SHIRA<br>693 RACOURT CLUB DR. 140-2<br>FT. LAUDERDALE FL <input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>LEVY, BENJAMIN<br>693 RACQUET CLUB DR. 140-2<br>FT. LAUDERDALE FL <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Shira Levy SHIRA LEVY 4/11/01 954-385-1919  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)