1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000069319

1. Corporation Name

MB LEVY CORP.

Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90016 049 ***150.00



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28	22 Suite, Apt.					5. Certificate of Status Desired		
Zip Country Zip Country Zip Country R. This corporation owes the current year intangible Personal Property Tax. Yes No	City & Stat	, 			_	1 2 1 1	•	, ,
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LEVY, ALAN J 1287 WEST ATLANTIC BLVD. C/O GREAT AMERICAN FARMS POMPANO BEACH FL 33069 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent in familiar with and accept the obligations of, Section 607.0505, Florida Statutes. Signature, Syped or printer name of registered agent and tife if applicative. NAME LEVY, ALAN J STREET ADDRESS 1287 WEST ATLANTIC BLVD. 13 STREET ADDRESS 22 STREET ADDRESS 23 STREET ADDRESS 24 GTV-51.2P Change Addition	Zip	Country Zip Co			Country 8. This corporation owes the current year Intangible			
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0505. Florida Statutes, agent, lam familiar with, and accept the obligations of, Section 607.0505. Florida Statutes agent and the obligations of, Section 607.0505. Florida Statutes agent and the obligations of, Section 607.0505. Florida Statutes agent and the obligations of, Section 607.0505. Florida Statutes agent agent and the obligations of, Section 607.0505. Florida Statutes agent and the obligations of, Section 607.0505. Florida Statutes agent ag				83			-	1
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CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 required or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OF RINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ Change

☐ Addition