

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P9600DD11563**  
 1. Entity Name **SW 18TH BOCA CORP.**

**FILED**  
 01 DEC 13 PM 4: 28  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**10739 NW 51st STREET (SAME)**  
**CORAL SPRINGS, FL 33076**

2. Principal Place of Business **SAME** 3. Mailing Address **SAME**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0638886** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**Sandy Levy**  
**10739 NW 51st Street**  
**Coral Springs, Fl 33076**

7. Name and Address of New Registered Agent  
 Name **John A. Moffa, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable) **7800 W. Oakland Park Blvd., #E214**  
 City **Sunrise** FL Zip Code **33351**

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 **- John A. Moffa, Esq.** DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.



10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	Pres./Dir. <input checked="" type="checkbox"/> Delete	TITLE NAME	Pres./V.P./Treas./Dir. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Sandy Levy	STREET ADDRESS	John P. Barbee, Trustee for
CITY-ST-ZIP	10739 NW 51 St. Coral Springs, FL	CITY-ST-ZIP	Sandy Levy & Sandra Levy c/o John A. Moffa, P.A.
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	7800 W. Oakland Park Blvd. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	Sunrise, Fl 33351
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	John A. Moffa, P.A.
CITY-ST-ZIP		CITY-ST-ZIP	7800 W. Oakland Park Blvd., Suite #E-214
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	Sunrise, Fl 33351 <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	000004745630--6
CITY-ST-ZIP		CITY-ST-ZIP	-12/31/01--01085--024
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	*****70.00 *****70.00
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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: **JOHN A. MOFFA, ESQ.** Date Daytime Phone #