

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90891 003 \*\*\*150.00

0196864 AV

**DOCUMENT # P96000011563**

1. Entity Name  
**S W 18TH BOCA CORP.**

Principal Place of Business  
**10739 N.W. 51ST STREET  
 CORAL SPRINGS FL 33076  
 US**

Mailing Address  
**10739 N.W. 51ST STREET  
 CORAL SPRINGS FL 33076  
 US**



2. Principal Place of Business  
**125 NW 108th Way**  
 Suite, Apt. #, etc.

3. Mailing Address  
**125 NW 108th Way**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Plantation, FL**

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**Plantation, FL**

4. FEI Number **65-0638886**

Applied For  
 Not Applicable

Zip **33324** Country **USA**

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

**6. Name and Address of Current Registered Agent**

**LEVY, SANDY  
 10739 N.W. 51ST STREET  
 CORAL SPRINGS FL 33076**

**7. Name and Address of New Registered Agent**

Name **ROBIN LEVY**  
 Street Address (P.O. Box Number is not acceptable)  
**125 NW 108th Way**  
 City **Plantation** **FL** Zip Code **33324**

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 **Robin Levy**

**PRESIDENT**

DATE **2/17/02**

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) ☒

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 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	<b>PD LEVY, SANDY 10739 N.W. 51ST STREET CORAL SPRINGS FL 33076</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ROBIN LEVY 125 NW 108th Way Plantation FL 33324</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY SANDY LEVY 125 NW 108th Way Plantation FL 33324</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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: **Robin Levy** **REQUIRED PRESIDENT**

DATE **2/17/02**

Daytime Phone # **954-304-2500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)