

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 08, 2002 8:00 am**  
**Secretary of State**

08-08-2002 90091 028 \*\*\*550.00

**DOCUMENT # P96000059506**

**1. Entity Name**  
**SOUTH FLORIDA LINKS, INC.**

**Principal Place of Business**  
**18960 NORTHWEST 10 STREET**  
**PEMBROKE PINES FL 33029**

**Mailing Address**  
**18960 NORTHWEST 10 STREET**  
**PEMBROKE PINES FL 33029**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **65-0681352**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

**LEWITT, MICHAEL**  
**18960 NW 10 ST**  
**PEMBROKE PINES FL 33029**

## 7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**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. I am familiar with, and accept the obligations of registered agent.**

**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)**

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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** **PSTD** ☐ Delete  
**NAME** **LEWITT, MICHAEL D**  
**STREET ADDRESS** **18960 NORTHWEST 10 STREET**  
**CITY-ST-ZIP** **PEMBROKE PINES FL 33029**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP**

**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 another like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-102

954-288-4831

CR2E034 (4/02)