## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P96000062118 May 05, 2000 8:00 am 1. Entity Name Secretary of State LEVAIN IMAGES CORP. 05-05-2000 90005 021 \*\*\*150.00 Principal Place of Business Mailing Address 10231 E. BAY HARBOR DR 10231 E. BAY HARBOR DR APT 9-A BAY HARBOR ISLANDS FL 33154-1275 BAY HARBOR ISLANDS FL 33154-1275 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0684374 Not Applicable Country \$8.75 Additional Zip Country Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent Name LEVAIN, GUILLERMO Street Address (P.O. Box Number is Not Acceptable) 9424 ABBOTT AVENUE 10231 E. BAY HARBOR DR SURFSIDE FL 33164 2806 APT. 9-A BAY HARBOR ISLANDS, FL 33154-1275 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition PSD TITLE ☐ Delete TITLE LEVAIN, GUILLERMO NAME STREET ADDRESS 10231 E. BAY HARBOR DR., APT. 9A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BAY HARBOR ISLANDS FL 33154** Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7JP CITY-ST-ZIP Change — [] Addition Deletè TITLE: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP ☐ Change Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE TITLE □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 all other like empowered.

SIGNATURE:

4/24/00 (305) 868-369