

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90075 036 ***150.00

DOCUMENT # **P97000005696**

1. Entity Name
HALIFAX GROUP, INC. ✓

Principal Place of Business Mailing Address
6299 WEST SUNRISE BLVD
207
SUNRISE, FL. 33313

2. Principal Place of Business 3. Mailing Address
6115 WOODBURY RD **6115 WOODBURY RD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
BOCA RATON, FL. **BOCA RATON, FL.**
 Zip Country Zip Country
33433 USA **33433 USA**

4. FEI Number Applied For
65-072794 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
JAY LEVIN
6299 WEST SUNRISE BLVD
207
SUNRISE, FL. 33313

7. Name and Address of New Registered Agent
 Name
JAY LEVIN
 Street Address (P.O. Box Number is Not Acceptable)
6115 WOODBURY RD
 City **BOCA RATON** FL Zip Code **33433**

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 Jay Levin Jay Levin DATE 2-23-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD JAY LEVIN 6299 WEST SUNRISE BLVD SUNRISE, FL. 33313	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD JAY LEVIN 6115 WOODBURY RD BOCA RATON, FL. 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Jay Levin - Jay Levin Date 2-23-00 Daytime Phone # 954-717-8999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)