

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000005696**

1. Entity Name  
**HALIFAX GROUP, INC.** ✓

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

03-02-2000 90075 036 \*\*\*150.00

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

Mailing Address

3. Mailing Address  
**6115 WOODBURY RD**  
Suite, Apt. #, etc.

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

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

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

4. FEI Number  
**65-0727794**

Applied For  
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**

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

TITLE **PSTD** ☒ Delete  
NAME **JAY LEVIN**  
STREET ADDRESS **6299 WEST SUNRISE BLVD**  
CITY-ST-ZIP **SUNRISE, FL. 33313**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **PSTD** ☒ Change ☐ Addition  
NAME **JAY LEVIN**  
STREET ADDRESS **6115 WOODBURY RD**  
CITY-ST-ZIP **BOCA RATON, FL. 33433**

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: **Jay Levin Jay Levin**

Date **2-23-00**

Daytime Phone # **954-717-8799**

CR2E034 (9/99)