

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000018384

1. Entity Name

BUSINESS ACCOUNTING, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90123 046 ***150.00

Principal Place of Business

6299 W SUNRISE BLVD
207
SUNRISE FL 33313

Mailing Address

6299 W SUNRISE BLVD
207
SUNRISE FL 33319-5627

2. Principal Place of Business

3500 N. STATE RD 7

Suite, Apt. #, etc.

437

City & State

LAUDERDALE LAKES, FL.

Zip

33319

Country

USA

3. Mailing Address

3500 N. STATE RD 7

Suite, Apt. #, etc.

437

City & State

LAUDERDALE LAKES, FL

Zip

33319

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0735787

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVIN, JAY
6299 W SUNRISE BLVD
SUNRISE FL 33313

7. Name and Address of New Registered Agent

Name

JAY LEVIN

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

3500 N. STATE RD 7 SUITE 437

City

LAUDERDALE LAKES

FL

Zip Code

33319

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

1-5-00

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, 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: PTD
NAME: LEVIN, JAY
STREET ADDRESS: 6299 W SUNRISE BLVD
CITY-ST-ZIP: SUNRISE FL 33313 ☒ Delete

TITLE: SCEO
NAME: BRIAN, EDWARD
STREET ADDRESS: 6299 W SUNRISE BLVD
CITY-ST-ZIP: SUNRISE FL 33313 ☒ Delete

TITLE: D
NAME: BRIAN, EDWARD
STREET ADDRESS: 6299 W SUNRISE BLVD
CITY-ST-ZIP: SUNRISE FL 33313 ☒ Delete

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PTD
NAME: LEVIN, JAY
STREET ADDRESS: 3500 N. STATE RD 7 SUITE 437
CITY-ST-ZIP: LAUDERDALE LAKES, FL. 33319 ☒ Change ☐ Addition

TITLE: SCEO
NAME: BRIAN, EDWARD
STREET ADDRESS: 3500 N. STATE RD 7, SUITE 437
CITY-ST-ZIP: LAUDERDALE LAKES, FL. 33319 ☒ Change ☐ Addition

TITLE: D
NAME: BRIAN, EDWARD
STREET ADDRESS: 3500 N. STATE RD 7 SUITE 437
CITY-ST-ZIP: LAUDERDALE LAKES, FL. 33319 ☐ Change ☐ Addition

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

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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-00

Date

954-714-8999

Daytime Phone #