FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000033991**

Corporation Name

LEVY'S RESTAURANT INC.

Principal Place of Business

685 W DIXIE HWY
MIAMI BEACH FL 33180

Mailing Address

18685 W DIXIE HWY
N MIAMI BEACH FL 33180

Principal Place of Business		2a. Mailing Address	
		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		27	
City & State		City & State	
		28	
Zip	Country	Zip	Country
25		29	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
04/14/1997

4. FEI Number	Applied For
65-07-17242	Not Applicable

5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
LEVY, EPHRAIM 18685 W DIXIE HWY N MIAMI BEACH FL 33180	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City	 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **D**	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME **LEVY, EPHRAIM**		1.2 NAME		
STREET ADDRESS **18685 W DIXIE HWY**		1.3 STREET ADDRESS		
CITY-ST-ZIP **N MIAMI BEACH FL 33180**		1.4 CITY-ST-ZIP		
TITLE **D**	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME **LEVY, RACHEL**		2.2 NAME		
STREET ADDRESS **18685 W DIXIE HWY**		2.3 STREET ADDRESS		
CITY-ST-ZIP **N MIAMI BEACH FL 33180**		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	☐ DELETE	4.1 TITLE		
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	☐ DELETE	5.1 TITLE		
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	☐ DELETE	6.1 TITLE		
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE REQUIRED Ephraim Levy Pres.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #