

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000061021

1. Entity Name

LEVYMINT, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90037 016 ***150.00

Principal Place of Business

Mailing Address

4169 NORTH 42ND TERRACE
HOLLYWOOD FL 33021

4169 NORTH 42ND TERRACE
HOLLYWOOD FL 33021-1827

2. Principal Place of Business

3. Mailing Address

1940 HARRISON ST

1940 HARRISON ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 300

STE. 300

City & State

City & State

HOLLYWOOD, FLORIDA

HOLLYWOOD, FLORIDA

Zip

Zip

33020

33020

Country

Country

FLORIDA

FLORIDA

4. FEI Number

65-0769113

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVY, JOSEPH
4169 NORTH 42ND TERRACE
HOLLYWOOD FL 33021

Name

DEBORAH MARTIN SEGAL

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

1940 HARRISON STREET, STE. 300

City

HOLLYWOOD

FL

Zip Code

33020

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

DEBORAH MARTIN SEGAL

2/17/2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
LEVY, JOSEPH
4169 NORTH 42ND TERRACE
HOLLYWOOD FL 33021 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
MINTZ, JERRY
1940 HARRISON ST.
HOLLYWOOD FL 33020 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)