2000 UNIFORM BUSINESS REPORT (UBR)

1 of 2

DOCUMENT # P97000085637

Entity Name

RETROFAB, INC

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV 14 AM 10: 03

Principal Place of Business — Mailing Address

9672 TAVERNIER DRIVE
BOCA RATON, FL 33496

Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

00-01

4. FEI Number: 65-0788270 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALAN H. LEVINE
9672 TAVIERNIER DRIVE
BOCA RATON, FL 33496

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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

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, 2001 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

OFFICERS AND DIRECTORS

Field	11. Officers and Directors		12. Additions/Changes to Officers and Directors in 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES/DIRECTOR ALAN H. LEVINE 9672 TAVERNIER DRIVE BOCA RATON, FL 33496	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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-12/05/01--01080--007
****300.00 ****300.00

CR2E034 (10/00)

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] 11/13/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

252

Retrofab, Inc.
9672 Tavernier Drive
Boca Raton, FL 33496
*(561) 682-3211 * (561) 218-0161*

November 13, 2001

Uniform Business Report
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Document P97000085637
EIN 65-0788270

To Whom It May Concern:

As per our conversation today, I am hereby sending you a check in the amount of Three Hundred Dollars ($300.00) for reinstatement of the above corporation.

As I explained to you earlier, my office changed it's address and unfortunately, you never received the new information.

Again, I thank you for your help and understanding in this matter.

Yours sincerely,

Alan H. Levine
President