

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000085637**

Entity Name

**RETROFAB, INC**

Principal Place of Business

Mailing Address

**9672 TAVERNIER DRIVE  
BOCA RATON, FL 33496**

Principal Place of Business

Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0788270**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**00-01**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

(If the registered agent is a corporation, type the name of the corporation and the name and title of the officer or director who is signing)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**PRES/DIRECTOR  
ALAN H. LEVINE  
9672 TAVERNIER DRIVE  
BOCA RATON, FL 33496**

☐ Delete

11. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

11. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

11. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

11. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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CITY, ST, ZIP

11. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

11. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**700004706707**

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

**\*\*\*\*300.00 \*\*\*\*300.00**

☐ Change ☐ Addition

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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 my address, which all other like reports.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

**11/13/01**

2052

*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

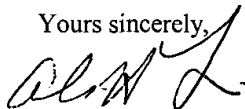
To Whom It May Concern:

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