

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State
 01-20-2000 90130 044 ***150.00

DOCUMENT # P97000100737

1. Entity Name

SOUTH FLORIDA COMMERCIAL CORP.

Principal Place of Business

5401 COLLINS AVE. #110
~~5600 COLLINS AVE. #20~~ **UPPER LOBBY**
 MIAMI BEACH FL 33140

Mailing Address

~~5600 COLLINS AVE. #20~~ **P.O. Box 403735**
 MIAMI BEACH FL 33140-2425 **- 1735**

605257



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5401 Collins Ave

Suite, Apt. #, etc.

Upper Lobby

City & State

Miami Beach, FL

Zip

33140

Country

USA

3. Mailing Address

P.O. Box 403735

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33140-1735

Country

USA

4. FEI Number

65-0796113

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FISHEL, PETER L
2396 N.E. 172 ST.
NORTH MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

TITLE **PVTS** ☐ Delete
 NAME **LEVY, DAVID**
 STREET ADDRESS ~~5600 COLLINS AVE. #20~~ **P.O. Box 403735**
 CITY-ST-ZIP **MIAMI BEACH FL 33140-1735**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVTS** ☒ Change ☐ Addition
 NAME **Levy, David**
 STREET ADDRESS **P.O. Box 403735**
 CITY-ST-ZIP **Miami Beach, FL 33140-1735**

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

TITLE ☐ Change ☐ Addition
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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: **David Levy, DAVID LEVY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00

Date

305-490-3655

Daytime Phone #

CR2E034 (9/99)