FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9800003159  1. Entity Name FIRST LEVEL CAPITAL, INC.					May 03, 2001 8:00 am Secretary of State 05-03-2001 90089 015 ***150.00				
Principal Place of Business 1991 MAIN ST 1-115 SARASOTA FL 34236 US	MAIN ST 1991 MAIN ST 1-115				DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business 3010 N. MILITARY TRAIL Suite, Apt. #, etc.	O N. MILITARY TRAIL 3010 N. MILITA								
City & State BOCA RATON FL Zip Country 33431 USA  6. Name and Address of Current F	City & State BOCA RATON FL Zip 33431 Registered Agent	Count <b>USA</b>	гу	5.		65-0834063  Status Desired [ ddress of New Regis	\$8.75 Ad	pplied For lot Applicable Iditional ed	
MIRMAN, ALVIN 4183 SHELL ROAD SARASOTA FL 34242			Street Ac	HIXSON Idress (P.O. 3300 E	MARIN Box Number i	, POWELL & I is Not Acceptable) ., SUITE 81(	DE SANCTIS	de	
8. The above named entity submits the statement for SIGNATURE  Signature, typid or priped pane of registered agent at 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)		Registered	Agent signatu S \$150.0 vill be \$5	re required when 10 50.00	10. Electi	on Campaign Financi	, 7_/ гутте ng _ \$5.0	OO May Be	
11. OFFICERS AND D  TITLE P NAME SIEGAL, MARC STREET ADDRESS 9818 ARBER OAKS LANE BOCA RATON FL 32448	DIRECTORS  Delete		r Address St-Zip	pres	dent el, mai		( Change	S IN 11 Addition OO	
TITLE CEO NAME MIRMAN, ALVIN STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34242	☐ Delete	CITY-:	TADDRESS ST-ZIP	D:V: Alvi, 418 Sav	n Mira 3 Shell asota	nan 1 Road FL 342	Change	L Addition E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete ·	TITLE NAME STREE CITY-S	ADDRESS ST-ZIP				☐ Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET CITY-S	ADDRESS				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZiP				☐ Change	Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  13. I hereby certify that the information supplied with the information supplied wit	☐ Delete	CITY-S		d in Section	119,07(3)(i). F	Florida Statutes. I furth	☐ Change	Addition	

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