2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

P98000026424

1. Entity Name

LEWIS INFORMATION TECHNOLOGIES, INC.



Principal Place of Business Mailing Address 701 EAST COMMERCIAL BLVD. #200 701 EAST COMMERCIAL BLVD. #200 FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0821645 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent والأواوي والمستخفية فيها أأناء والمسامة JAGUSZTYD, RICHARD Street Address (P.O. Box Number is Not Acceptable) 701 EAST COMMERCIAL BLVD #202 FORT LAUDERDALE FL 33334 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003, Fee will be \$550.00 П Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE TITLE Change ☐ Delete MODIANO, MICHELINE NAME NAME 701 EAST COMMERCIAL BLVD. #200 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33334 CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change Addition NAME MODIANO, HENRI NAME 701 EAST COMMERCIAL BLVD. #200 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33334 CITY-ST-ZIP CITY-ST-7IP TITLE ST ☐ Delete TITLE Change ☐ Addition NAME JAGUSZTYN, RICHARD NAME* STREET ADDRESS 701 EAST COMMERCIAL BLVD. #200 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FORT LAUDERDALE FL 33334 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition

FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90276 019 ***150.00

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

GNATURE AND TIPED OF PRIME NAME OF SIGNING OFFICER OR DIRECTO

WTSZCOPT

4/2/03

954-491-1065x