

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000030838

1. Entity Name

LEV III DESIGNS, INC.

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90067 007 \*\*\*150.00

Principal Place of Business

950 EAST DAYTON CIRCLE  
FORT LAUDERDALE FL 33312

Mailing Address

950 EAST DAYTON CIRCLE  
FORT LAUDERDALE FL 33312-1927

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0833221

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARTFORD, CHARLOTTE  
950 EAST DAYTON CIRCLE  
FORT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name TINA LEVINGER

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

3023 NW 48th AVE

City COCONUT CREEK

FL

Zip Code 33063

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

Tina Levinger TINA LEVINGER VP

2/24/00

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 ☐ Delete  
NAME PD  
STREET ADDRESS FRANK, MARCELLA  
CITY-ST-ZIP ONE WASHINGTON SQUARE VILLAGE, APT. 5T  
NEW YORK NY 10012

TITLE ☐ Delete  
NAME VTD  
STREET ADDRESS LEVINGER, TINA  
CITY-ST-ZIP 3023 N.W. 48 AVENUE  
COCONUT CREEK FL 33063

TITLE ☐ Delete  
NAME VSD  
STREET ADDRESS HARTFORD, CHARLOTTE  
CITY-ST-ZIP 950 EAST DAYTON CIRCLE  
FORT LAUDERDALE FL 33312

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS LEVIN, CASSANDRA  
CITY-ST-ZIP 3556 NO. OCEAN BLVD., #223  
FT. LAUDERDALE FL 33308

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition  
NAME VD  
STREET ADDRESS HARTFORD, CHARLOTTE  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME VSD  
STREET ADDRESS LEVIN, CASSANDRA  
CITY-ST-ZIP

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

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

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:

Tina Levinger TINA LEVINGER VP 2/24/00 954-917-9666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)