

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000055909

1. Entity Name

RWL SERVICES, INC.

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90124 049 \*\*\*150.00

Principal Place of Business  
235 SOUTH HIBISCUS DRIVE  
MIAMI BEACH FL 33139

Mailing Address  
235 SOUTH HIBISCUS DRIVE  
MIAMI BEACH FL 33139-5176

00008252

2. Principal Place of Business  
100 S.E. 3rd Ave.  
Suite, Apt. #, etc.  
Suite 2108  
City & State  
Ft. Lauderdale, FL  
Zip  
33394  
Country  
U.S.A.

3. Mailing Address  
100 S.E. 3rd Ave.  
Suite, Apt. #, etc.  
Suite 2108  
City & State  
Ft. Lauderdale, FL  
Zip  
33394  
Country  
U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0851327 Applied For Not

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVIS, ROBERT  
235 SOUTH HIBISCUS DRIVE  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name  
Levis, Robert  
Street Address (P.O. Box Number is Not Acceptable)  
100 S.E. 3rd Ave.  
Ste. # 2108  
City Fort Lauderdale FL Zip Code 33394

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 Robert W. L. Robert W. Levis, President 1/6/00  
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	D	<input type="checkbox"/> Delete
NAME	LEVIS, ROBERT	
STREET ADDRESS	235 SOUTH HIBISCUS DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Robert W. Levis	
STREET ADDRESS	100 S.E. 3rd Ave. Ste. # 2108	
CITY-ST-ZIP	Fort Lauderdale, FL 33394	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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: Robert W. L. Robert W. Levis, President 1/6/00 (954) 609-1306  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #