

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000048

1. Entity Name
LEVCHIL, INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State
07-26-2000 90014 036 ***150.00

Principal Place of Business
6303 IRONWOOD CIRCLE
TAMARAC FL 33319

Mailing Address
6303 IRONWOOD CIRCLE
TAMARAC FL 33319

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

65-0891513

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAMOND, BARRY A ESQ.
9728 W. SAMPLE RD.
CORAL SPRINGS FL 33065

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
LEVENSON, MYRON
6303 IRONWOOD CIRCLE
TAMARAC FL 33319 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEVENSON, MYRON
6303 IRONWOOD CIRCLE
TAMARAC FL 33319 ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LEVCHIL, INC.

ATTACHED
07/29/00 00000048
00074685

6303 IRONWOOD CIRCLE
TAMARAC, FL. 33319
U.S.A.

Phone 954-733-0093
Fax 954-733-1735
Email MIC135@AOL.COM

July 20, 2000

Division of Corporations
P.O.Box 1500
Tallahassee, FL 32302-1500

Attention Director,

We are a new corporation and filed our first ITT. Fla. tax this year. We never received a (UBR) report in January of 2000. With no knowledge of the need to pay or the existence of above tax we did not pay. WE would hope to have the privilege of a one time forgiveness of the penalty for late payment.

We are enclosing the signed form and our check for \$150.00 to bring our account current.

Sincerely,



Myron LEVENSON
President