

**2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90881 015 ***150.00

DOCUMENT # P99000022508

1. Entity Name
JACOB LEVINE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3221 NE 57th Court

3. Mailing Address
3221 NE 57th Court

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

4. FEI Number
65-0915834

Zip
33308

Country
USA

Zip
33308

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
KTG&S Registered Agent Corporation

Street Address (P.O. Box Number is Not Acceptable)
100 SE 2nd Street

28th Floor

City
Miami **FL** Zip Code
33131

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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
PD
NAME
Levine, Jacob E.
STREET ADDRESS
3221 NE 57th Court
CITY - ST - ZIP
Ft. Lauderdale, FL 33308

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
SD
NAME
Weiner, Paula L.
STREET ADDRESS
3221 NE 57th Court
CITY - ST - ZIP
Ft. Lauderdale, FL 33308

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jacob E. Levine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jacob E. Levine,
President

4-26-02 **954-771-7288**

Date

Daytime Phone #

CR2E034B (12/01)