

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


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

04-23-2003 90123 048 \*\*\*150.00

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**DOCUMENT # P99000022508**

1. Entity Name  
**JACOB LEVINE, INC.**



Principal Place of Business  
**3221 N.E. 57TH CT.  
FT. LAUDERDALE FL 33308**

Mailing Address  
**3221 N.E. 57TH CT.  
FT. LAUDERDALE FL 33308**



2. Principal Place of Business  
**6678 Grande Orchid Way**  
Suite, Apt. #, etc.

3. Mailing Address  
**6678 Grande Orchid Way**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Delray Beach, FL**

City & State  
**Delray Beach, FL**

Zip Country  
**33446 USA**

Zip Country  
**33446 USA**

4. FEI Number **65-0915834**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KTG&S REGISTERED AGENT CORPORATION**  
**100 S.E. 2ND ST., 28TH FLOOR**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LEVINE, JACOB E 3221 NE 57TH CT FORT LAUDERDALE FL 33308</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD WEINER, PAULA L 3221 NE 57TH CT FORT LAUDERDALE FL 33308</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6678 Grande Orchid Way Delray Beach, FL 33446</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6678 Grande Orchid Way Delray Beach, FL 33446</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: *Paula Weiner* **Paula Weiner**  
**JACOB LEVINE, INC.** **Jacob Levine, Inc.** **4-22-03** **561-637-8141**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #