

2001 **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P99000037350

1. Entity Name

LEWIN TRANSPORT SERVICES, INC. ✓

Principal Place of Business

Mailing Address

321 NE 176th Street
North Miami Beach, FL 33162

2. Principal Place of Business

3011 NW 5th Court

3011 NW 5th Court

State, Apt., etc.
Fort Lauderdale

State, Apt., etc.

City, State
FL 33311

City, State
Fort Lauderdale FL

Zip
Country
BROWARD 33311

Zip
Country

6. Name and Address of Current Registered Agent

Everard Lewin
321 NE 176th Street
North Miami Beach, FL 33162

4. Telephone 65-0921178

Applied For
Not Applicable

5. Additional Fee Required \$8.75

7. Name and Address of New Registered Agent

Name

3011 NW 5th Court
Fort Lauderdale
Florida

FL Zip Code 33311

8. The above named entity submits this statement for the purpose of characterizing the business of the entity as a service business.

SIGNATURE *Everard Lewin*

Signature, typed or printed name of registered agent and filer of application

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. Additional Fee ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DIRECTOR / PRESIDENT	☐ Delete
NAME	Everard Lewin	
STREET ADDRESS	321 NE 176th Street	
CITY-ST-ZIP	North Miami Beach, FL 33162	☐ Delete
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONAL 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		
STREET ADDRESS		
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 represent a change in the information previously reported. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report. If the information has changed, or on an attachment with an address, with all other like employees:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 29 2001

Do Not Check

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90363 044 ***150.00

A0070907

THIS SPACE