

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000038893**
 1. Entry Name
Levittown MIAMI CORP

Principal Place of Business Mailing Address
7225 N.W. 25th St #310
Miami, FL 33122 *same*

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

6. Name and Address of Current Registered Agent
Gaston I Llanes
7225 N.W. 25th St #310
Miami, FL 33122

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.
 SIGNATURE *[Signature]* (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, 2001 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 ☐ Delete
 NAME **Gaston I Llanes**
 STREET ADDRESS **7225 N.W. 25th St #310**
 CITY-ST-ZIP **Miami FL 33122**
 TITLE ☐ Delete
 NAME **Roberto Tuccillo**
 STREET ADDRESS **146 Marine Street**
 CITY-ST-ZIP **EAST-FARHING DALE NY 11735**
 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. ADDITIONS/CHANGES TO OFFICERS AND 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

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 an other like empowered.

SIGNATURE: *[Signature]*

FILED
 01 NOV -9 PM 3:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2001 UBR
 DO NOT WRITE IN THESE SPACES

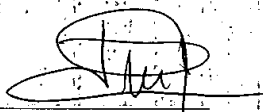
800004685838
-11/16/01--01080--025
*****150.00 ***150.00**

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **LEVITTOWN MIAMI CORP.**

Thank you for your courtesy in this matter.



GASTON I LLANES
PRESIDENT

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