

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

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90044 001 ***158.75

DOCUMENT #

1. Entity Name **Jess Lis Inc** **P99000052014**
D.B.A. Levin School of Healthcare ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2206 W. Atlantic Ave

Suite, Apt. #, etc.

3. Mailing Address

2206 W. Atlantic Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Delray Beach FL

City & State

Delray Beach FL

4. FEI Number

05-0963640

Applied For

Not Applicable

Zip

33445

Country

USA

Zip

33445

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Mitchell Levin

Street Address (P.O. Box Number is Not Acceptable)

4332 Bocaire Boulevard

City

Boca Raton

FL

33487

**DO NOT WRITE
IN THIS SPACE**

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

Mitchell Levin - Mitchell Levin

3/08/02

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 \$61.25

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 **President**
NAME **Lois Levin**
STREET ADDRESS **4332 Bocaire Boulevard**
CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice President**
NAME **Mitchell Levin**
STREET ADDRESS **4332 Bocaire Boulevard**
CITY-ST-ZIP **Boca Raton, FL 33487**

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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:

Mitchell Levin - Mitchell Levin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/02 (501)274-4149

Date

Daytime Phone #

CR2E034B (12/01)