

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90017 018 \*\*\*150.00

**DOCUMENT # P99000062547**

1. Entity Name  
**LEVTEE ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

C/O MYRON LEVENSON  
 6303 IRONWOOD CIR.  
 TAMARAC FL 33319

C/O MYRON LEVENSON  
 6303 IRONWOOD CIR.  
 TAMARAC FL 33308-4862



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**C/O RAYMOND TEET**

**C/O RAYMOND TEET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**2929 NE 49TH ST. #19**

**2929 NE 49TH ST. #19**

City & State

City & State

**FT. LAUDERDALE, FL**

**FT. LAUDERDALE, FL**

Zip

Country

Zip

Country

**33308-4862**

**BROWARD**

**33308-4862**

**BROWARD**

4. FEI Number

Applied For

**65-0936073**

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**DIAMOND, BARRY A  
 CORAL SPRINGS COMMERCE CENTER  
 9728 WEST SAMPLE RD.  
 CORAL SPRINGS FL 33065**

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) ☐

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **PTD**  
 STREET ADDRESS **PEET, RAYMOND**  
 CITY-ST-ZIP **6303 IRONWOOD CIR.  
 TAMARAC FL 33319**

TITLE ☒ Change ☐ Addition  
 NAME **PTD**  
 STREET ADDRESS **TEET, JOY**  
 CITY-ST-ZIP **2929 NE 49TH ST. #19  
 FT. LAUDERDALE, FL 33308-4862**

TITLE ☐ Delete  
 NAME **VSD**  
 STREET ADDRESS **PEET, JOY**  
 CITY-ST-ZIP **6303 IRONWOOD CIR.  
 TAMARAC FL 33319**

TITLE ☒ Change ☐ Addition  
 NAME **VSD**  
 STREET ADDRESS **TEET, RAYMOND**  
 CITY-ST-ZIP **2929 NE 49TH ST. #19  
 FT. LAUDERDALE, FL 33308-4862**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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 all other like empowered.

SIGNATURE:

**Raymond G. Teet**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/20/00 954-683-2180**

CR2E034 (9/99)