

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000062547**1. Entity Name  
LEVTEE ENTERPRISES, INC.**Principal Place of Business**C/O RAYMOND TEET  
2929 NE 49TH ST #19  
FORT LAUDERDALE  
333084862

FL

**Mailing Address**C/O RAYMOND TEET  
2929 NE 49TH ST #19  
FORT LAUDERDALE  
333084862

FL

**2. Principal Place of Business**

C/O RAYMOND TEET

**3. Mailing Address**

C/O RAYMOND TEET

**Suite, Apt. #, etc.**

21 W. LAS OLAS BLVD. SUITE A

**Suite, Apt. #, etc.**

2929 NE 49TH ST #16

**City & State**

FORT LAUDERDALE

FL

**City & State**

FORT LAUDERDALE

FL

**Zip**

33301

**Country****Zip**

333084862

**Country****4. FEI Number****65-0936073****Applied For**☐ Not Applicable**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**DIAMOND BARRY A  
CORAL SPRINGS COMMERCE CENTER  
9728 WEST SAMPLE RD.  
CORAL SPRINGS  
33065

FL

US

**7. Name and Address of New Registered Agent****Name**

TEET RAYMOND G

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

2929 NE 49TH STREET #16

**City**

FT LAUDERDALE

FL

**Zip Code**

333084862

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 **RAYMOND G. TEET****04/26/2001**

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, 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	VSD	<input type="checkbox"/> Delete
NAME	TEET RAYMOND	
STREET ADDRESS	2929 NE 49TH STREET # 19	
CITY-ST-ZIP	FORT LAUDERDALE FL 333084862	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	TEET JOY	
STREET ADDRESS	2929 NE 49TH ST # 19	
CITY-ST-ZIP	FORT LAUDERDALE FL 333084862	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEET RAYMOND	
STREET ADDRESS	2929 NE 49TH STREET # 16	
CITY-ST-ZIP	FORT LAUDERDALE FL 333084862	
TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEET JOY	
STREET ADDRESS	2929 NE 49TH ST # 16	
CITY-ST-ZIP	FORT LAUDERDALE FL 333084862	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

**SIGNATURE:** Raymond G. Teet

VSD

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)