P99000062547 DOCUMENT

1. Entity Name

LEVTEE ENTERPRISES, INC.

Principal Place of Business C/O RAYMOND TEFT 21 W. LAS OLAS BLVD. SUITE A FORT LAUDERDALE FL 33301

Mailing Address

C/O RAYMOND TEET 2929 NE 49TH ST #16

FORT LAUDERDALE FL 33308-4862

2. Principal Place of Business 3. Majling Address 1667 C/O KAYMOND Suite, Apt. #, etc. Suite, Apt. #, etc NE 49 Th 57 2929 # City & State City & State MUDERDALE Zip Country Country USA

TEET, RAYMOND G 2929 NE 49TH STREET #16 FT LAUDERDALE FL 33308-4862

LAU DE RDALÉ

TEET

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. Lam familiar with, and accept the obligations of registered agent.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITEE

NAME

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

City-St-ZIP

CiTY-ST-ZIE

STREET ADDRESS

CITY-ST-ZIP

ed name of registered agent and title if applicable.

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS

PTD

TEET, JOY

FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State

☐ Delete

☐ Delete

☐ Delete

☐ Delete

12.

TITLE

NAME

NAME

2929 NE 49TH ST # 16 STREET ADDRESS FORT LAUDERDALE FL 33308-4862 VSD TEET, RAYMOND

FORT LAUDERDALE FL 33308-4862

2929 NE 49TH STREET # 16

CITY-ST-ZIP V5 D TITLE NAME TEE? STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

2929

☐ Delete STREET ADDRESS CITY-ST-ZIF

STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

STREET ADDRESS CITY-ST-ZIP TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

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 KAY MOND

SIGNATURE:

9/2/02 954-938-0197

Alachmat

LevTee Enterprises, Inc. DBA American Pie Italian Restaurant

2929 NE 49th Street, # 9 Ft. Lauderdale, FL 33308-4877 (954) 938-0197 (954) 938-9220 FAX

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

September 3, 2002

Re: P99000062547

Gentlemen:

Attached is enclosed our completed 2002 Uniform Business Report and our check in the amount of \$150.00 covering the original and supplemental fee due under Florida statute.

I respectfully request that the late charge of \$400.00 be waived due to the non-receipt of the original uniform business report form. As you will note on the completed UBR, the mailing address of the corporate entity and registered agent changed during the course of the year, and the original report form was not received by the corporation.

Your records will show that the 2001 UBR was timely filed utilizing the "Electronic Filing" method. Had we received the correct form, we would have utilized this method again for 2002, and filed the return before the due date.

I bo Deet ---

Respectfully,

Raymond G. Teet

Levtee Enterprises, Inc.

VP & Secretary

ENCL: 2002 UBR CHECK # 3918