2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000072907 Apr 23, 2000 8:00 am Secretary of State 1. Entity Name LEVINE ENTERPRISES, INC. 04-23-2000 90033 029 ***150.00 Principal Place of Business Mailing Address 1205 HILLSBORO MILE #103 1205 HILLSBORO MILE #103 HILLSBORO BEACH FL 33062-1400 HILLSBORO BEACH FL 33062 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 65-0 Not Applicable Sountry Seach \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEVINE, BRADLEY M Box Number s Net Acceptable) 1205 HILLSBORO MILE #103 HILLSBORO BEACH FL 33062 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangib **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. President, Director Delete Change Addition TITLE PD TITLE Bradles M Levine 628 SE 500 Breet NAME NAME LEVINE, BRADLEY M STREET ADDRESS STREET ADDRESS 1205 HILLSBORO MILE #103 CITY-ST-ZIP CITY-ST-ZIP HILLSBORO BEACH FL 33062 Secretary, Director Change Delete TITLE NAME WelissA NAME 608 SE 51 Street #1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 regimer 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 attackment with an address, with all other like empowered.

SIGNATURE:

BOLLAM LEVING BOLLE M LEVING DIRECTOR

Apr 00 561

Daytime Phone #