

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90133 030 ***150.00

DOCUMENT # P99000080654

1. Entity Name

JEFFREY A. LEWIN, D.C., P.A.

Principal Place of Business

Mailing Address

5357 N.W. 117 AVE.
 CORAL SPRINGS FL 33076

5357 N.W. 117 AVE.
 CORAL SPRINGS FL 33076-2476

911021



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4866 NW 99th Lane

4866 NW 99th Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Coral Springs FL

Coral Springs FL

City & State

City & State

4. FEI Number

65-0951849

Applied For
 Not Applicable

Zip

33076

Country

United States

Zip

33076

Country

United States

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

LEWIN, JEFFREY A
5357 N.W. 117 AVE.
CORAL SPRINGS FL 33076

Name

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

4866 NW 99th Lane

City **Coral Springs**

FL

Zip Code

33076

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P			
	LEWIN, JEFFREY A	5357 N.W. 117 AVE.	CORAL SPRINGS FL 33076	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		4866 NW 99th Lane	Coral Springs, FL 33076	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

JEFFREY A. LEWIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/2000

Date

954-345-5763

Daytime Phone #