

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S12640

1. Entity Name
SCOTT LEVIN JEWELER, INC.



Principal Place of Business
2814 N 34 AVENUE
#11
HOLLYWOOD, FL 33021

Mailing Address
2814 N 34 AVENUE
#11
HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

FILED
Aug 27, 2008 08:00 AM
Secretary of State



07112008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0227400

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVIN, SCOTT
2814 N 34 AVENUE
#11
HOLLYWOOD, FL 33021

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEVIN, SCOTT
2814 N 34 AVENUE #11
HOLLYWOOD, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEVIN, PAULA
2814 N 34 AVENUE #11
HOLLYWOOD, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000958484
08/27/08-80004-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 28, 2008
Date

305
931-3914
Daytime Phone #