

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90043 033 ***150.00

DOCUMENT # S29974

1. Entity Name

D. L. DANCEWEAR, INC.

Principal Place of Business

1711 N STATE ROAD 7
MARGATE FL 33063

Mailing Address

1711 N STATE ROAD 7
MARGATE FL 33063

2. Principal Place of Business

1703 N. STATE Rd. 7

3. Mailing Address

1703 N. STATE Rd. 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARGATE FLORIDA

City & State

MARGATE FLORIDA

Zip

Country

33063

Zip

Country

33063

4. FEI Number

65-0248325

Applied For

Not Applicable

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

LEVIN, HAROLD C.
1711 N STATE ROAD 7
MARGATE FL 33063

Name

HAROLD C. LEVIN

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

1703 N. STATE Rd. 7

City

MARGATE,

FL

Zip Code

33063

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

Harold C. Levin

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LEVIN, HAROLD C.	
STREET ADDRESS	1711 N. STATE ROAD 7	
CITY-ST-ZIP	MARGATE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVIN, DEBORAH S.	
STREET ADDRESS	1711 N STATE ROAD 7	
CITY-ST-ZIP	MARGATE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, HAROLD C	
STREET ADDRESS	1703 N. STATE Rd. 7	
CITY-ST-ZIP	MARGATE, FL. 33063	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, DEBORAH S.	
STREET ADDRESS	1703 N. STATE Rd. 7	
CITY-ST-ZIP	MARGATE, FL. 33063	
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		
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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:

Harold C. Levin **HAROLD C. LEVIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-30-01

Daytime Phone #

954-970-7600

CR2E034 (10/00)