

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90308 035 \*\*\*150.00

**DOCUMENT # S29974**

1. Entity Name

D. L. DANCEWEAR, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1703 N State Rd 7

Suite, Apt. #, etc.

3. Mailing Address

1703 N State Rd 7

Suite, Apt. #, etc.

66422322

DO NOT WRITE IN THIS SPACE

City & State

Margate, FL 33063

Zip

Country

City & State

Margate, FL 33063

Zip

Country

4. FEI Number

65-0248325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Levin, Harold C.

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

1703 N. State Rd 7

City

Margate

FL

Zip Code  
33063

**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 re-registering)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$350.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
V.Pres, Treasurer	Levin, Harold C.	1703 N State Rd 7	Margate, FL 33063
Pres., Secretary	Levin, Deborah S.	1703 N State Rd 7	Margate, FL 33063

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAROLD C. LEVIN 4-26-04 954-970-7600

Date

Daytime Phone #

CR2E034B (12/02)