

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0032233 AV

DOCUMENT # **S81426**

1. Entity Name  
**MICHAEL LEWIS, INC.**



**FILED**

**03 JUL -7 AM 10:52**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business  
**6406 COLONIAL DRIVE  
MARGATE FL 33063**

Mailing Address  
**6406 COLONIAL DRIVE  
MARGATE FL 33063**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0284405**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**LEWIS, MICHAEL J.  
6406 COLONIAL DRIVE  
MARGATE FL 33063**

Name

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

City

**FL**

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. 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 \$550.00  
After September 10, 2003 Fee will be \$750.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PST  
LEWIS, MICHAEL J.  
6406 COLONIAL DRIVE  
MARGATE FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LEWIS, MICHAEL J.  
6406 COLONIAL DRIVE  
MARGATE FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

**7/1/03 (14) 954-974-7583  
(m) 954-701-2844**

CR2E034 (4/03)

Michael Lewis, Inc.  
6406 Colonial Drive  
Margate, Florida 33063

FILED

03 JUL -7 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 2, 2003

Florida Department of State  
Attention: Melinda Lilliston

As per our conversation July 1, 2003 I have never received my  
original form for corporate registration. Enclosed you will find my  
check and the appropriate form. I appreciate your attention to this  
matter.

Sincerely,

*Michael Lewis*

Michael Lewis  
(954) 701-2844  
or  
(954) 974-7553