

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2000 08:00 AM
Secretary of State

DOCUMENT # V29326

1. Entity Name
LEVEY & MARTUS, P.A.

Principal Place of Business 2665 S BAYSHORE DR STE 1004 COCONUT GROVE 33133 US	FL	Mailing Address 2665 S BAYSHORE DR STE 1004 COCONUT GROVE 33133 US	FL
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LEVEY JEFFREY E 2665 S BAYSHORE DRIVE, STE 1004 SUITE 1250 COCONUT DRIVE 33133 US FL		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE **04/28/2000**
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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DVST	<input type="checkbox"/> Delete		T.TITLE	VSTD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEVEY, JEFFREY E.			NAME	LEVEY JEFFREY E		
STREET ADDRESS	2665 S BAYSHORE DR, STE 1004			STREET ADDRESS	2665 S BAYSHORE DR, STE 1004		
CITY-ST-ZIP	COCONUT GROVE FL 33133			CITY-ST-ZIP	COCONUT GROVE FL 33133		
TITLE	DP	<input type="checkbox"/> Delete		T.TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTUS, JAY A.			NAME	MARTUS JAY A		
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400			STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400		
CITY-ST-ZIP	HOLLYWOOD FL			CITY-ST-ZIP	HOLLYWOOD FL		
TITLE		<input type="checkbox"/> Delete		T.TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		T.TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		T.TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: By: Jay A. Martus, President Date: 04/28/2000