

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F34897**

1. Entity Name

MARILYN LEVIN, P.A.**FILED****Jan 18, 2000 8:00 am**
Secretary of State

01-18-2000 90130 007 ***150.00

Principal Place of Business

**3200 NO PT ROYALE DR
APT 1507
FT LAUDERDALE FL 33308
US**

Mailing Address

**3200 NO PT ROYALE DR
APT 1507
FT LAUDERDALE FL 33308-7806
US**

001044



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6001 N. Ocean Drive

Suite, Apt. #, etc.

Unit #707

City & State

Hollywood, FL

Zip

33019

Country

USA

3. Mailing Address

6001 N. Ocean Drive

Suite, Apt. #, etc.

Unit #707

City & State

Hollywood, FL

Zip

33019

Country

USA

4. FEI Number

59-2093618

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEVIN, MARILYN
3200 N. PORT ROYALE DR.
#1507
FT. LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name

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

**6001 N. Ocean Drive
#707**

City

Hollywood**FL**

Zip Code

33019

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

MARILYN LEVIN

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

(NOTE: Registered Agent signature required when reinstating)

1/10/00

DATE

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, 2000 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

TITLE **PVT** ☐ Delete
NAME **LEVIN, MARILYN**
STREET ADDRESS **3200 PORT ROYALE DR., #1507**
CITY-ST-ZIP **FT. LAUDERDALE FL**TITLE **SD** ☐ Delete
NAME **LEVIN, MARILYN**
STREET ADDRESS **3200 PORT ROYALE DR. #1507**
CITY-ST-ZIP **FORT LAUDERDALE FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6001 N. Ocean Drive #707**
CITY-ST-ZIP **Hollywood, FL 33019**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6001 N. Ocean Drive #707**
CITY-ST-ZIP **Hollywood, FL 33019**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marilyn Levin**1/10/00**

Date

954-923-7200

Daytime Phone #

CR2E034 (9/99)