## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F34897 1. Entity Name Marilyn Levin, PA

## FILED Apr 26, 2001 8:00 am Secretary of State

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of Business	Mailing Address '	Pourle De					
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uderdale, FL	Ft. Lauderdale, FL 33308					•	
ce of Business . Ocean Drive		an Drive					
, etc.				DO NOT WR	ITE IN THIS S	SPACE	
	City & State		4. F8	El Number		_ <del>                                    </del>	olied For
ood, FL		T	_	59-2093618	<u>.</u>		: Applicable
		, ,	5. C	ertificate of Status Desired		Fee Required	itional I
	<u> </u>		7. Na	ame and Address of New	Registered	Agent	
		Name					
. Ocean Dr. #707	Street Address		; (P.O. Box Number is Not Acceptable)				
ood, FL 33019							
		City			FL	Zip Code	€
named entity submits this statement for	the purpose of changing its	s registered office or regis	tered age	ent, or both, in the State of F	Florida.	<b>'</b>	
Signature, typed or printed name of registered agent a	nd title f applicable. (NOT	FE Registored Agent signature requ	uired when res	rstating)	DATE		
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ration is eligible to satisfy its Intangible equirement and elects to do so.  a on back)	After MAY 1, 20	!!! FEE IS \$150.00 001 Fee will be \$550.0 ble to Department of \$	440 0 0 0 0	10. Election Campaign F Trust Fund Contribut		\$ <b>5.0</b> □ Added	<b>0</b> May Be i to Fees
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	Pt. Royale Dr.  uderdale, FL  ce of Business Ocean Drive etc.  Ood, FL  Country USA 6. Name and Address of Current F  Marilyn Ocean Dr. #707 Food, FL 33019	Pt. Royale Dr. 3200 N. Pt. #1507  uderdale, FL Ft. Lauderd 33308  ce of Business 3. Mailing Address 6001 N. Oce 6001 N. Oce 6001 N. Oce 6001 N. Oce 707  City & State 6001, FL Country 707  City & State 7001, FL 7000, FL	. Pt. Royale Dr. #1507 uderdale, FL Ft. Lauderdale, FL 33308 ce of Business	. Pt. Royale Dr. 3200 N. Pt. Royale Dr. #1507 uderdale, FL Ft. Lauderdale, FL 33308 ce of Business	. Pt. Royale Dr. 3200 N. Pt. Royale Dr. #1507  uderdale, FL Ft. Lauderdale, FL 33308  ce of Business 3. Mailing Address 6001 N. Ocean Drive  etc. Suite, Apt. #, etc. DO NOT WR 707  City & State 4. FEI Number 59-2093618  Country USA 33019 USA 5. Certificate of Status Desired 19 USA 5. Certificate of Status Desired 19 USA 19 USA 5. Certificate of Status Desired 19 USA 19 U	Pt. Royale Dr. 3200 N. Pt. Royale Dr. #1507  uderdale, FL Ft. Lauderdale, FL 33308  ce of Business 3. Mailing Address Ocean Drive 6001 N. Ocean Drive  etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS STORY  City & State 4. FEI Number 59–2093618  Country Zip Country USA 33019  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Marilyn Cocan Dr. #707  Cood, FL 33019  City FL  City FL  Street Address (P.O. Box Number is Not Acceptable)  City FL  Capabure, types or printed name of registered agent and title 1 applicable. (NOTE Registered Agent segrature required when recreating)  DATE	Pt. Royale Dr. #1507  uderdale, FL Ft. Lauderdale, FL 33308  ce of Business Ocean Drive 6001 N. Ocean Drive  Suite, Apt. #. etc. 707  City & State Hollywood, FL 59-2093618 N. 75 Add Fee Required Marilyn Ocean Dr. #707  Cod, FL 33019  Marilyn Ocean Dr. #707  Cod, FL 33019  City Ft Zip Code  Marilyn Ocean Dr. #707  Cod, FL 33019  City Ft Zip Code  Name and Address of New Registered Agent  Name  Street Address (PO. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code

I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1.19.07(3)(1), Florida Statutes. 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 of 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

954-923-7200