

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90649 012 ***150.00

DOCUMENT # F34897

1. Entity Name
MARILYN LEVIN, P.A.



Principal Place of Business
**6001 N OCEAN DR
707
HOLLYWOOD FL 33019
US**

Mailing Address
**6001 N OCEAN DR
707
HOLLYWOOD FL 33019
US**



2. Principal Place of Business

3. Mailing Address

6051 N. OCEAN DR.

6051 N. OCEAN DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PH-4

PH-4

City & State

City & State

HOLLYWOOD, FL

HOLLYWOOD, FL

Zip

Country

Zip

Country

33019

33019

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**LEVIN, MARILYN
6001 N. OCEAN DR
#707
HOLLYWOOD FL 33019**

Name

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

6051 N. OCEAN DR.

PH-4

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. 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 \$150.00

After May 1, 2003 Fee will be \$550.00

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
**PVT
LEVIN, MARILYN
6001 N. OCEAN DRIVE #707
FT. LAUDERDALE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**6051 N. OCEAN DR., PH-4
HOLLYWOOD, FL 33019** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LEVIN, MARILYN
6001 N. OCEAN DRIVE #707
HOLLYWOOD FL 33019** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**6051 N. OCEAN DR., PH-4
HOLLYWOOD, FL 33019** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

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☐ 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 #

CR2E034 (10/02)