

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000041169

FILED
Feb 17, 2002 8:00 AM
Secretary of State

Entity Name: R. A. LEVINSON & ASSOCIATES, INC.

Current Principal Place of Business:

1440 CORAL RIDGE DR., #348
CORAL SPRINGS, FL 33071

New Principal Place of Business:

1440 CORAL RIDGE DR.,
#348
CORAL SPRINGS, FL 33071

Current Mailing Address:

1440 CORAL RIDGE DR., #348
CORAL SPRINGS, FL 33071

New Mailing Address:

1440 CORAL RIDGE DR.,
#348
CORAL SPRINGS, FL 33071

FEI Number: 65-1099155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEVINSON, ROBERT A
951 NW 118TH LANE
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEVINSON, ROBERT A
Address: 951 NW 118TH LANE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: LEVINSON, CHRISTINE M
Address: 951 NW 118TH LANE
City-St-Zip: CORAL SPRINGS, FL 33071

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. LEVINSON

PD

02/17/2002

Electronic Signature of Signing Officer or Director

Date