

ANNUAL REPORT (AR)

DOCUMENT # P02000066185

1. Entity Name

WENDY LEVY JACKSON, P.A.



FILED
Feb 08, 2006 08:00 AM
Secretary of State



Principal Place of Business

14585 S.W. 85TH AVE
MIAMI FL 33158

Mailing Address

14585 S.W. 85TH AVE
MIAMI FL 33158

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number 01-0719083

Applied For
Not Applicable

Zip

Country

Zip

Country

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

RUBIN, RON
 ONE DATRAN CENTER, STE 901
 9100 S. DADELAND BLVD
 MIAMI FL 33156

Name

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

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be
 Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
 NAME LEVY, ADAM
 STREET ADDRESS 14585 S.W. 85TH AVE
 CITY-ST-ZIP MIAMI FL 33158

☐ Change ☐ Add
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 U00000425196
 02/18/06-80084-020 150.00

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #