2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000074956

1. Entity Name

GARY A. LEVINSON, P.A.

Principal Place of Business

501 BRICKELL KEY DR

SUITE 400

Mailing Address

501 BRICKELL KEY DR

SUITE 400

FILED Mar 12, 2001 8:00 am Secretary of State

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City & State Country S. Certificate of Status Desired \$50.57 Agalomos \$50.77 Agalomo	2. Principal Place of Business			3. Mailing Address								
Country Zp	Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
S. Celluras de Sultata Deserva Fee Required F	City & State			City & State			4. F	El Number 65-0610617			` `	
LEVINSON, GARY A 501 BRICKELL KEY DRIVE SUITE 400 MIAMI FL 33131 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its Intangible and Agent statement for the purpose of the Statement agent statement and electe to do so. 9. This Corporation is eligible to satisfy its Intangible and Agent statement for the purpose of the Statement and electe to do so. 9. This Corporation is eligible to satisfy its Intangible and Agent statement for the purpose of the Statement and electe to do so. 10. Election Campaign Financing 10. Election Campaign Finan	Zip	V	Country	ZipCour		itry	5. 0	Certificate of Status Desired				
LEVINSON, GARY A 501 RRICKELL KEY DRIVE SUTTE 400 MIAMI FL 33131 8. The above named entity submits this statement for the purpose of changing its rogistered offico or rogistered agent, or both, in the State of Florida. SIGNATURE Comparison Compa	6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
Soft BRICKELL KEY DRIVE SUITE 400 MAM IP. 33131 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its intangible (Social Arthrough 1998) and the 1 applicable. 9. This corporation is eligible to satisfy its intangible (Social Arthrough 1998) and the 1 applicable. 9. This corporation is eligible to satisfy its intangible (Social Arthrough 1998) and the 1 applicable. 9. This corporation is eligible to satisfy its intangible (Social Arthrough 1998) and the 1 applicable. 9. This corporation is eligible to satisfy its intangible (Social Arthrough 1998) and the 1 applicable. 9. This corporation is eligible to satisfy its intangible (Social Arthrough 1998) and the 1 applicable. 9. This corporation is eligible to satisfy its intangible (Social Arthrough 1998) and the 1 applicable. 9. This corporation is eligible to satisfy its intangible (Social Arthrough 1998) and the 1 applicable. 9. This corporation is eligible to satisfy its intangible (Social Arthrough 1998) and the 1 applicable. 9. This corporation is eligible to satisfy its intangible (Social Arthrough 1998) and the 1 applicable. 9. This corporation is eligible to satisfy its intangible (Social Arthrough 1998) and the 1998 and							Name					
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE Signature Signa	501 SUIT	BRICKELL E 400	KEY DRIVE			Street Address (P.O. Box Number is Not Acceptable)						
SIGNATURE 9. This corporation is eligible to satisfy its Intangible (See criterian of back) STILE NOW!!! FEE IS \$150.00	MIPAMI FL 33 IS I						City FL Zip Code					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Department of State Depar					registere	ed office or reg	gistered age	ent, or both, in the State of Floric				
Take filing requirement and elects to do so. (See criteria on back) Comparison Control Co		Signature, typed	for printed name of registered agent and	d title if applicable. (NOTE	E: Registere	d Agent signature re	quired when re	instating)	DATE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	Tax filing requirement and elects to do so.			After MAY 1, 2001 Fee will be \$550.00						\$5.0 Adde	0 May Be d to Fees	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. OFFICERS AND DIRECTORS 12.						ADI	DITIONS/CHANGES TO OFFICE	RS AND D	DIRECTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	LEVINSO 501 BRIC	LEVINSON, GARY A 501 BRICKELL KEY DR, SUITE 400			EET ADDRESS				Change	☐ Addition	
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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	NAME STREET ADDRESS CITY-ST-ZIP 13. / hereby c	certify that the	e information supplied with th	nis filing does sot qualify for	NAME STREE CITY-	ET ADDRESS -ST-ZIP	n Section 1	19.07(3)(i) Florida Statutas Lfu	ther certify	v that the ii	Addition	

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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICE FOR DIRECTOR 6087