

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90096 042 \*\*\*150.00

DOCUMENT # P95000074956

1. Entity Name  
GARY A. LEVINSON, P.A.



Principal Place of Business

501 BRICKELL KEY DR  
SUITE 400  
MIAMI FL 33131  
US

Mailing Address

501 BRICKELL KEY DR  
SUITE 400  
MIAMI FL 33131  
US



2. Principal Place of Business

501 Brickell Key Drive

Suite, Apt. #, etc.  
Suite 300

City & State  
Miami, Florida

Zip  
33131

Country  
USA

3. Mailing Address

501 Brickell Key Drive

Suite, Apt. #, etc.  
Suite 300

City & State  
Miami, Florida

Zip  
33131

Country  
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0610617

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEVINSON, GARY A  
501 BRICKELL KEY DRIVE  
SUITE 400  
MIAMI FL 33131

7. Name and Address of New Registered Agent

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 registering the obligations of registered agent.

is registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept

SIGNATURE

Signature, typed

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LEVINSON, GARY A  
501 BRICKELL KEY DR, SUITE 400 300  
MIAMI FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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

1/6/03

305 374 3471

Date

Daytime Phone

CR2E034 (10/02)