

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 209294

1. Entity Name

MILTON LEVISON'S, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90135 037 ***150.00

Principal Place of Business

Mailing Address

~~22 N.W. 1ST STREET~~
MIAMI FL 33128

~~22 N.W. 1ST STREET~~
MIAMI FL 33128-1947

2. Principal Place of Business

47 West Flagler St

3. Mailing Address

Same as #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

Country

Zip

Country

33130



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1039045

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

DAVID LEVISON

22 N.W. 1ST STREET
MIAMI FL 33128

Name

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

3650 JUSTISON RD

City

COCONUT GROVE

FL

Zip Code

33133

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☒
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME LEVISON, DAVID
STREET ADDRESS 6541 S.W. 76 TER
CITY-ST-ZIP S. MIAMI FL

TITLE ST
NAME SMITH, MICHAEL
STREET ADDRESS 9640 KENDALE BLVD.
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS 3650 JUSTISON RD
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE
NAME
STREET ADDRESS 6755 SW 74 ST.
CITY-ST-ZIP MIAMI, FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)