

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90381 041 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 209294

1. Entity Name
MILTON LEVISON'S, INC.



Principal Place of Business
 21 NW MIAMI CT
 MIAMI, FL 33128

Mailing Address
 21 NW MIAMI CT
 MIAMI, FL 33128

11038760


☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1039045

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

DAVID LEVISON
 3880 JUSTISON RD
 COCONUT GROVE, FL 33133

7. Name and Address of New Registered Agent

Name Michael Smith

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

21 N.W. Miami Ct.City Miami

FL

Zip Code 33128

8. The above named entity submits the 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 applied to principal report of corporation and this is applicable.

(NOTE: Registered Agent Signature Required when Submitting)

DATE

5-1-03

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
 PST SMITH, MICHAEL
 STREET ADDRESS 6766 SW 74TH ST
 CITY-ST-ZIP MIAMI, FL 33143

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition
 Michael Smith
 STREET ADDRESS 21 N.W. Miami Ct
 CITY-ST-ZIP Miami, FL 33128

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete
 STREET ADDRESS
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TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

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 807, 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 SIGNED OFFICER OR DIRECTOR

5-1-03

305-371-6437

Date

Business Phone

CR2E034(10/02)