2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

G54513 **DOCUMENT#**

1. Entity Name

CITY-ST-ZIP

SIGNATURE:

A SIGNPRO	O INC.										
Principal Place of Business % MICHAEL LEVINE 3901 W. 18TH AVE #902 HIALEAH FL 33012			Mailing Address % MICHAEL LEVINE 3901 W. 18TH AVE #902 HIALEAH FL 33012								
2. Principal Pla	ace of Busine	3. Mailing Address					i jadikki dari akili birak bilat kilad kili didik biri	11011 BIGH 1	1(1) (1) (1)		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State				4.	4. FEI Number 59-2335721 Applied For Not Applicable			
Zip Country			Zip Country			try	5.	5. Certificate of Status Desired \$8.75 Additional Fee Required			
		I Address of Current	Popietere	od Agent			7.	. Name and Address of New Registered A	gent		
6. Name and Address of Current Registered Agent						Name					
LEVINE, MICHAEL 3901 WEST 18TH AVE #902						Street Address (P.O. Box Number is Not Acceptable)					
HIALEAH FL 33012									T == 0		
					City		FLFL	Zip Co			
9 The above	named entity	submits this statement f	or the purp	ose of changing its r	egister	ed office or r	egistered a	agent, or both, in the State of Florida. I am f	ımiliar witi	h, and accept	
the obligati	ions of registe	ered agent.									
SIGNATURE -	Signature, typed	or printed name of registered agen	t and title if app	plicable (NOTÉ	Registere	ad Agent signature	e required wher	en reinstating) DATE			
F	ILE NOW!!!	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department						9. Election Campaign Financing Trust Fund Contribution.	\$5) Add	.00 May Be ded to Fees	
	(Payable to	OFFICERS AN) DBS	11.	<u> </u>		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 11	
10.	PD	OFFICENS AIN	J DI ILOTO	☐ Delete	TITE	E			☐ Chang	je 🗌 Addition	
TITLE NAME	LEVINE, M	ICHAEL			NA	ΛE .					
STREET ADDRESS	3901 WES	T 18TH AVE #902				EET ADDRESS					
CITY-ST-ZIP	HIALEAH F	·L			CIT	Y-ST-ZIP			☐ Chang	ge Addition	
TITLE	VD			☐ Delete	TIT	I			☐ Cilan	je	
NAME	LEVINE, S	andra L.			NA	ME REET ADDRESS					
STREET ADDRESS		T 18TH AVE #902				Y-ST-ZIP					
CITY-ST-ZIP	HIALEAH I	- <u>L</u>		Delete	_	LE		person in the grade and the second se	Chang	ge Addition	
TITLE	TD D	CDDA I		C_1 Delete		ME	·				
NAME STREET ADDRESS	LEVINE, D	EDRA L. IT 18TH AVE #902			ST	reet address					
CITY-ST-ZIP	HIALEAH I				CIT	Y-ST-ZIP					
TITLE	SD			☐ Delete	TIT	LE			☐ Chang	ge 🔲 Addition	
NAME	LEVINE, R	ONNIE A.				ME					
STREET ADDRESS	3901 WES	T 18TH AVE #902			- 1	REET ADDRESS TY-ST-ZIP					
CITY-ST-ZIP	HIALEAH	FL		<u> </u>					Chan	nge	
TITLE	1			☐ Delete		rle Me				· _	
NAME						REET ADDRESS				(
STREET ADDRESS	5			•		TY-ST-ZIP					
CITY-ST-ZIP	 			□ Delete	TI	TLE			Chan	nge 🔲 Addition	
TITLE NAME				Doloto		AME					
STREET ADDRESS	₃				s ST	REET 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 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.

SIGNATION OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90238 022 ***150.00