

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G66838

1. Entity Name

TERRY M. LEVY, PH.D., PROFESSIONAL ASSOCIATION

Principal Place of Business

C/O HORENSTEN 7600 RED ROAD  
119  
MIAMI FL 33143  
US

Mailing Address

C/O HORENSTEN 7600 RED ROAD  
119  
MIAMI FL 33143  
US

2. Principal Place of Business

C/O HORENSTEN

Suite, Apt. #, etc.

7600 RED ROAD - STE 210

City & State

MIAMI FL

Zip

33143

Country

US

3. Mailing Address

C/O HORENSTEN

Suite, Apt. #, etc.

7600 RED ROAD - STE 210

City & State

MIAMI, FL

Zip

33143

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2339552

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVY, TERRY M.  
C/O HORENSTEN  
7600 RED ROAD - #119  
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name

LEVY, TERRY M.

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

C/O HORENSTEN

7600 RED ROAD - STE 210

City

MIAMI

FL

Zip Code

33143

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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DP  
NAME LEVY, TERRY M  
STREET ADDRESS C/O HORENSTEN, 7600 RED ROAD-#119  
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME LEVY, TERRY M.  
STREET ADDRESS C/O HORENSTEN, 7600 RED ROAD-#210  
CITY-ST-ZIP MIAMI, FL 33143

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

LEVY, TERRY M. LEVY

Date

Daytime Phone #

1/2/00

305-665-3600