

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H03567

1. Entity Name

IRWIN H. LEVINE & ASSOC., P.A.

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90021 014 \*\*\*150.00

Principal Place of Business

Mailing Address

1747 VAN BUREN ST  
 950  
 HOLLYWOOD FL 33020

1747 VAN BUREN ST  
 950  
 HOLLYWOOD FL 33020-5191  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2320975

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

7. Name and Address of New Registered Agent

LEVINE, IRWIN H.

~~746 VIA GENOVA~~ 729 VIA GENOVA

DEERFIELD BCH FL 33442

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 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 ☒ Delete  
 NAME SILVERMAN, LARRY  
 STREET ADDRESS 820 83RD STREET  
 CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE PRESIDENT ☒ Change ☐ Addition  
 NAME DEBORA THOMAS  
 STREET ADDRESS 1747 VAN BUREN ST.  
 CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE V ☒ Delete  
 NAME LEVINE, MARC  
 STREET ADDRESS 1111 LINCOLN RD. #322  
 CITY-ST-ZIP N. MIAMI BEACH FL

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

TITLE S ☐ Delete  
 NAME LEVINE, NATALIE  
 STREET ADDRESS ~~746 VIA GENOVA~~  
 CITY-ST-ZIP DEERFIELD FL

TITLE SECRETARY ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 729 VIA GENOVA  
 CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 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:

*Thomas* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)