

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H36135

1. Entity Name
LEVINE, FRANK, EDGAR & TELEPMAN, P.A.

FILED
Mar 02, 2000 8:00 am
Secretary of State
03-02-2000 90115 017 ***150.00

Principal Place of Business C/O JULIANNE FRANK 11380 PROSPERITY FARMS RD. SUITE 114 PALM BEACH GARDENS FL 33410	Mailing Address C/O JULIANNE FRANK 11380 PROSPERITY FARMS RD. SUITE 114 PALM BEACH GARDENS FL 33410-3464
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2479297	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FRANK, JULIANNE
11380 PROSPERITY FARM RD.
SUITE 114
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE, STEVEN J 2500 N. MILITARY TRAIL STE. 275 BOCA RATON FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LEVINE, JAY STEVEN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANK, JULIANNE ESQ 11360 PROSPERITY FARM RD. STE. 114 PALM BCH. GRDNS FL 33410	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11380 PROSPERITY FARMS RD, STE 114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDGAR, CHARLES 1645 PALM BEACH LAKES BLVD. STE. 1200 W. PALM BEACH FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TELEPMAN, Jim 712 US HIGHWAY ONE, STE 400 NORTH PALM BEACH, FL 33408	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TELEPMAN, Jim 712 US HIGHWAY ONE, SUITE 400 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Julianne Frank, Amy in fact
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date _____ Daytime Phone # _____

CR2E034 (9/99)