

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90291 018 ***158.75

DOCUMENT # H97825

1. Entity Name
MIKE LEVIN NUMISMATISTS, INC.

Principal Place of Business

**2025 LAVERS CIRCLE
 #D210
 DELRAY BCH FL 33444
 US**

Mailing Address

**PO BOX 1512
 BOCA RATON FL 33429
 US**



2. Principal Place of Business

3790 COCO LOBA LANE

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOYNTON BEACH, FL

City & State

4. FEI Number

59-2637831

Applied For

Not Applicable

Zip

33436

Country

US

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

**LEVIN, MICHAEL
 2025 LAVERS CIRCLE
 #D210
 DELRAY BCH FL 33444**

Name

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

3790 COCO LOBA LANE

City

BOYNTON BEACH

FL

Zip Code

33436

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 **MICHAEL D. LEVIN**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/8/02

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, 2002 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	ST	<input type="checkbox"/> Delete
NAME	LEVIN, MICHAEL	
STREET ADDRESS	2025 LAVERS CIRCLE #D210	
CITY-ST-ZIP	DELRAY BCH FL 33444	
TITLE	P	<input type="checkbox"/> Delete
NAME	LEVIN, BRENDA M	
STREET ADDRESS	2025 LAVERS CIRCLE #D210	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ST	ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, MICHAEL	
STREET ADDRESS	3790 COCO LOBA LANE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	P	ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, BRENDA M	
STREET ADDRESS	3790 COCO LOBA LANE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

MICHAEL D. LEVIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02

Date

561-742-5775

Daytime Phone #

CR2E034 (9/01)