

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3790 COCO LOBA LANE

3. Mailing Address
 Suite, Apt. #, etc.

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** *Michael D. Levin* **4/8/02**
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, 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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	ST <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 <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	

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* **4/8/02** **561-742-5775**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)