

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90235 030 ***158.75

DOCUMENT # H97825

1. Entity Name
MIKE LEVIN NUMISMATISTS, INC.



Principal Place of Business
3790 COCO LOBA LANE
BOYNTON BEACH FL 33436
US

Mailing Address
~~PO BOX 1312~~
~~BOCA RATON FL 33429~~
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 3736

Suite, Apt. #, etc.

City & State
BOYNTON BEACH, FL

Zip
33424

Country
US

4. FEI Number **59-2637831**

Applied For
Not Applicable

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

3790 COCO LOBA LANE

BOYNTON BEACH FL 33436

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/29/03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
LEVIN, MICHAEL
3790 COCO LOBA LANE
BOYNTON BEACH FL 33436

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
LEVIN, BRENDA M
3790 COCO LOBA LANE
BOYNTON BEACH FL 33436

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ **Change** ☐ **Addition**

TITLE
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STREET ADDRESS
CITY - ST - ZIP

☐ **Delete**

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STREET ADDRESS
CITY - ST - ZIP

☐ **Change** ☐ **Addition**

TITLE
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☐ **Delete**

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☐ **Change** ☐ **Addition**

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☐ **Change** ☐ **Addition**

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☐ **Delete**

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☐ **Change** ☐ **Addition**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIKE LEVIN, ST **3/29/03** **561-742-5775**
DATE **Daytime Phone**

CR2E034 (10/02)