

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90105 034 \*\*\*550.00

00063467



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # J14992</b>					
<b>1. Entity Name</b> MICHAEL LEVINE, P.A.					
<b>Principal Place of Business</b> 633 N.E. 167TH ST. #501 N. MIAMI BEACH FL 33162			<b>Mailing Address</b> 633 N.E. 167TH ST. #501 N. MIAMI BEACH FL 33162		
<b>2. Principal Place of Business</b> SAME			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		<b>4. FEI Number</b> 59-2710875	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> LEVINE, MICHAEL 633 NE 167TH ST STE #501 NORTH MIAMI BEACH FL 33162					
<b>7. Name and Address of New Registered Agent</b>					
Name NONE					
Street Address (P.O. Box Number is Not Acceptable)					
City FL Zip Code					
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable. DATE					
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/>			<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>		
<b>10. Election Campaign Financing</b> <input type="checkbox"/>			<b>\$5.00 May Be Added to Fees</b>		
<b>11. OFFICERS AND DIRECTORS</b>			<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE, MICHAEL 633 NE 167 ST #501 NORTH MIAMI BCH FL		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b> <i>Signature of Michael Levine</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

CR2E034 (5/01)