

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90213 042 ***150.00

DOCUMENT # J14992

1. Entity Name
MICHAEL LEVINE, P.A.

Principal Place of Business
633 N.E. 167TH ST. #501
N. MIAMI BEACH FL 33162

Mailing Address
633 N.E. 167TH ST. #501
N. MIAMI BEACH FL 33162



2. Principal Place of Business

3. Mailing Address

~~Suite, Apt., #, etc.~~

~~Suite, Apt., #, etc.~~

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **59-2710875**

Applied For
 Not Applicable

Zip

Country

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

LEVINE, MICHAEL
633 NE 167TH ST
STE #501
NORTH MIAMI BEACH FL 33162

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

~~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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	LEVINE, MICHAEL	633 NE 167 ST #501	NORTH MIAMI BCH FL	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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: SIGNATURE REQUIRED *[Signature]* Date: 4-15-02 Daytime Phone #: 305-653-3800

CR2E034 (9/01)