

# 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** \_\_\_\_\_ (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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEVINE, MICHAEL</b>	
STREET ADDRESS	<b>633 NE 167 ST #501</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BCH FL</b>	
TITLE		<input type="checkbox"/> Delete
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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:**

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-02 305-6533800

CR2E034 (9/01)