Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED CAPRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1. Entity Nam	MENT # J4620 MINE, P.A.	8			Fe S	b 14, 20 becretary 02-14-2002 9002	of Sta	ate	4/0 AV
Principal Place of Business 16855 NORTHEAST 2ND AVE. STE 303 N. MIAMI BEACH FL 33162		Mailing Address 16855 NORTHEAST 2ND AVE. STE 303 N. MIAMI BEACH FL 33162							
2. Principal Place of Business		3. Mailing Address					018 [] 018]] 318]] 018]]	1710 1711 (171	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number	59-2746499	<u> </u>	pplied For ot Applicable	7
Zip Country		Zip Country		ry	5. Certificate of	Status Desired	\$9.75 Ad	ditional	1
	6. Name and Address of Current F	legistered Agent	·		7. Name and Ad	dress of New Registe			_
				Name					7
	ORTHEAST 2ND AVE, STE 303	St		Street Address (P.O. Box Number is Not Acceptable)					-
N. MIAMI BEACH FL 33162				City			FL Zip Cod	le	-
	named entity submits this statement for			·					-
Tax filing r	Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!! After May 1, 200 Make Check Payabl	! FEE I	vill be \$550.00	10. Election	on Campaign Financing		00 May Be	
11.	OFFICERS AND D	PIRECTORS	12.		ADDITIONS/CH	IANGES TO OFFICERS	AND DIRECTOR	S IN 11]_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVINE, JACK 16855 N.E. 2ND AVE. #303 N. MIAMI BEACH FL	☐ Delete		T ADDRESS ST-ZIP			☐ Change	☐ Addition	R2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		T ADDRESS ST-ZIP			Change	☐ Addition	75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP			☐ Change	☐ Addition	
TITLE		☐ Delete		t address St-zip	·		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		t address St-zip			Change	☐ Addition	
indicated of the cor	certify that the information supplied with it on this report or supplemental report is poration or the receiver or trustee emport or an attachment with an address, we	rue and accurate and that m	ıv sionatı	ire shall have the s	ame legal effect a Florida Statutes; a	s if made under oath: t	hat I am an officer	or director	