## **2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # J55649** 1. Éntity Name DAVID LEVINE AGENCY, INC. Principal Place of Business Mailing Address

## FILED Apr 27, 2001 8:00 am Secretary of State 04-27-2001 90234 004 \*\*\*150.00

| 2. Findings Paced of Business  Suite. App. 4, etc.    Suite. App. 4, etc.   Suite. App. 4, etc.   Suite. App. 4, etc.   City & State   City &  | 6 DAVID LEVINE 10741 NE 4TH CT #102 MAMI FL 33179-1879 IS 2. Principal Place of Business |   |             | % DAVID LEVINE<br>20741 NE 4TH CT #102<br>MIAMI FL 33179-1879<br>US |              |  |         | ESSIZIO BADA SI            | INI DIIIN NEIK NINKO IN |            | 114 ULDIE <b>3</b> 201 | I BIBII MAI   |  |
|---|--|---|-------------|---|--------------|--|---------|----------------------------|-------------------------|------------|------------------------|---------------|--|
| City & State  |  |   |             | 3. Mailing Address  |              |  |         |                            |                         |            |                        |               |  |
| 20  | Suite, Apt.  | ¥, etc.                                   |             | Suite, Apt. #, etc.   |              |  |         | DO NOT WRITE IN THIS SPACE |                         |            |                        |               |  |
| Country   Coun    | City & State   |   |             | City & State  |              | 4. FEt Number 59-2768601                           |         |                            |                         |            |                        |               |  |
| Name and Address of Current Registered Agont   Name and Address of New Registered Agont   Name and Address   Na    | Zip  | Country                                   |             | Zip   | Coun         | try  | 5. 0    | Certificate of S           | tatus Desired           |            | 3.75 Add               | litional      |  |
| LEVINE, DAVID 2074 I N.E. 4TH CT. #102 MIAMI FL 33179  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floride.  SIGNATURE  9. This corporation is eligible to sately its Intranginse Tay Richard Flore (See criteria of back)  9. This corporation is eligible to sately its Intranginse Tay Richard Flore (See criteria of back)  10. Electron Compagn Financing Africa MAY 1, 2001 Fee will be \$550,00 miaske Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 11  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 11  14. ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 11  15. OFFICE ADDITIONS OFFICENS AND DIRECTORS IN 12  16. Electron Compagn Financing To Director Internation Into OFFICENS AND DIRECTORS IN 11  16. Electron Compagn Financing To DIRECTORS IN 11  17. OFFICENS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 11  18. ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 12  19. Clarge To Director Internation In |  | 6. Name and Address of Curre              | nt Reg      | istered Agent   |              |  | 7. N    | Name and Add               | iress of New Re         |            |                        | -             |  |
| 20741 NE 4TH CT. #102 MAM FL 33179  8. This above rained entity submits this statement for the purpose of changing its registered diffice or registered agent, or both in the State of Florida  SIGNATURE  9. This corporation is eligible to statisty its Intengible (See criteria and back)   AST    11.  |  |   |             |   |              | Name   |         |                            |                         | <u> </u>   |                        |               |  |
| 20741 NE 4TH CT. #102 MAM FL 33179  8. This above rained entity submits this statement for the purpose of changing its registered diffice or registered agent, or both in the State of Florida  SIGNATURE  9. This corporation is eligible to statisty its Intengible (See criteria and back)   AST    11.  | LEVIN  | IE, DAVID                                 |             |   |              |  | 15.6.5  |                            |                         |            |                        |               |  |
| R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE    Signature   Sig  |  |   |             |   |              | Street Address (P.O. Box Number is Not Acceptable) |         |                            |                         |            |                        |               |  |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to salisty its Intangule Tax ling requirement and elects to do so. Mare river 14, 2001. Fee will be \$550,00 May Be Added to Fose hock)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITTLE  DP LEVINE, DAVID  STREET ADDRESS  DTY-ST-2P  MIAMI FL.  UT Delete  UTILE  NAME  STREET ADDRESS  OTY-ST-2P  UTILE  NAME  STREET ADDRESS  OTY-ST-2P  TILE  NAME  S | MIAM   | I FL 33179                                |             |   |              |  |         |                            |                         |            |                        |               |  |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to salisty its Intangule Tax ling requirement and elects to do so. Mare river 14, 2001. Fee will be \$550,00 May Be Added to Fose hock)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITTLE  DP LEVINE, DAVID  STREET ADDRESS  DTY-ST-2P  MIAMI FL.  UT Delete  UTILE  NAME  STREET ADDRESS  OTY-ST-2P  UTILE  NAME  STREET ADDRESS  OTY-ST-2P  TILE  NAME  S |  |   |             |   |              |  |         |                            |                         |            |                        |               |  |
| Signature   Sign    |  |   |             |   |              | City   |         |                            |                         |            | Zip Cad                | o e           |  |
| Secritarion       | SIGNATURE  |   |             |   |              |  |         |                            | n the State of Flor     |            |                        |               |  |
| Take   Change   Cha    | 9 This corne   | ration is eligible to eatiefy its Intaggi | hla         | EN E MOMI   | u see        | 19 9150 00   |         |                            |                         |            |                        |               |  |
| Make Chack Payable to Department of State   |  |   |             |   |              | າຄ   |         |                            |                         |            |                        |               |  |
| THE OPERAND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE VAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME SYSTEM ADDRESS CITY-ST-ZIP  TITLE  TITLE  TITLE  NAME SYSTEM ADDRESS CITY-ST-ZIP  TITLE  NAME SYSTEM ADDRESS CITY-ST-ZIP  TITLE NAME SYSTEM ADDRESS CITY-ST-ZIP  TOTAL NAME SYSTEM ADDRESS CITY-ST-ZIP  TOTAL NAME SYSTEM ADDRESS CITY-ST-ZIP  TITLE NAME SYSTEM ADDRESS CITY-ST-ZIP  TOTAL THE CONTROL OF THE CONTROL O  |  |   |             | Make Check Payak  | epartment of | State  | Irust F | und Contribution           | . $\Box$                | Adde       | d to Fees              |               |  |
| ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP   | 11.  | OFFICERS AN                               | ND DIR      | ECTORS  | 12.          | ·  | AD      | DDITIONS/CH.               | ANGES TO OFFIC          | CERS AND D | DIRECTOR               | S IN 11       |  |
| RAME   ADDRESS   CITY-ST-ZIP   COOPER CITY FL   CLANGE   CITY-ST-ZIP   CLANGE   CLANGE   CITY-ST-ZIP   CLANGE   CLANG    | TITLE  | DP  |             | □ Delete  | 1018         | E  |         |                            |                         |            |                        | -             |  |
| STREET ADDRESS CITY-ST-ZIP TITLE VIT Delete LEVINE, ROBERT C. 87RET ADDRESS CITY ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP   | NAMÉ   | LEVINE, DAVID                             |             |   | NAM          | 16   |         |                            |                         | •          |                        |               |  |
| CITY-ST-ZPP  MIAMI FL  TITLE  NAME  LEVINE, ROBERT C.  8922 S.W. 59TH ST.  COOPER CITY FL  TITLE  NAME  STREET ADDRESS  CITY-ST-ZPP  TITLE  NAME  STREET ADD  | STREET ADDRESS   |   |             |   | SIR          | EET ADORESS  |         |                            |                         |            |                        | 1             |  |
| NAME STREET ADDRESS CITY ST-ZIP  TILLE NAME STREET ADDRESS CITY-ST-ZIP  | CITY-ST-ZIP  | MIAMI FL                                  |             |   | Cary         | (-\$*-ZIP  |         |                            |                         |            |                        |               |  |
| STREET ADDRESS CITY ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  | TITLE  | VT  |             | ☐ Delete  | T!Ti         | E  |         |                            |                         |            | Change                 | Addition      |  |
| CITY_ST-ZIP  TITLE NAME STREET ADORESS CITY_ST-ZIP  TITLE MAME STREET ADORESS CITY_ST-ZIP  TITLE NAME STREET ADORESS CITY_ST-ZIP   | NAME   |   |             |   | NAN          | ME.  |         |                            |                         |            |                        |               |  |
| THE NAME STREET ADDRESS CHY-ST-ZIP  |  |   |             |   |              |  |         |                            |                         |            |                        |               |  |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  | CITY ST-ZIP  | COOPER CITY FL                            |             |   | CITY         | Y-ST-ZIP   |         |                            |                         |            |                        |               |  |
| STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP   | TIFLE  |   |             | ☐ Delete  | TeTa         | .E   |         |                            |                         |            | Change                 | Addition      |  |
| CITY-ST-ZIP  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |   |             |   | NAA          | AE.  |         |                            |                         |            |                        | į             |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |   |             |   | 8            | 1  |         |                            |                         |            |                        |               |  |
| NAME         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE           NAME         NAME           STREET ADDRESS         CITY-ST-ZIP           CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete           NAME         TITLE           NAME         NAME           STREET ADDRESS         CITY-ST-ZIP           TITLE         NAME           NAME         NAME           STREET ADDRESS         CITY-ST-ZIP  | CETY-ST-ZiP  |   |             |   | CiT          | Y-ST-ZIP   |         |                            |                         |            |                        |               |  |
| STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |   |             | ☐ Delete  |              | <b>I</b>   |         |                            |                         |            | ☐ Change               | Addition      |  |
| CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TOTALE NAME STREET ADDRESS CITY-ST-ZIP   |  |   |             |   |              | 1  |         |                            |                         |            |                        |               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  TOTALE NAME STREET ADDRESS CITY-ST-ZIP  TOTALE NAME STREET ADDRESS CITY-ST-ZIP  TOTALE NAME STREET ADDRESS CITY-ST-ZIP  |  |   |             |   |              |  |         |                            |                         |            |                        |               |  |
| NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP           TITLE         TETLE           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP   |  |   | <del></del> |   | -            |  |         |                            | ·                       |            |                        |               |  |
| STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  |  |   |             | ☐ Delete  | N            |  |         |                            |                         |            | ∐ Change               | Addition      |  |
| CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TELE         Change         Addition           NAME         NAME           STREEL ADDRESS         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP   |  |   |             |   | R            |  |         |                            |                         |            |                        |               |  |
| TITLE         Delete         TST/LE         Change         Addition           NAME         NAME           STREEL ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CTY-ST-ZIP  |  |   |             |   | Bi .         |  |         |                            |                         |            |                        |               |  |
| NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP   |  |   |             |   |              |  |         |                            |                         |            |                        | prome         |  |
| STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP   |  |   |             | ☐ Delete  | 8            |  |         |                            |                         |            | ∐ Change               | L.J. Addition |  |
| CITY-ST-ZIP CITY-S1-ZIP   |  |   |             |   | 8            |  |         |                            |                         |            |                        |               |  |
|   |  |   |             |   |              |  |         |                            |                         |            |                        |               |  |
|   |  |   |             | - 60  |              |  |         |                            |                         |            |                        |               |  |

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 oth

4-23-01 305-652-3332