2001 UNIFORM BUSINESS REPORT (UBR)

2001 ONII ONII DOSINESS NEP	ONI (OBN)	_		
DOCUMENT # L0000002140 1. Entity Name		Comment of the		
LEVINE & ASSOCIATES, J.L.C.		FILE		
	<u> </u>	OIFEB-7 P	M 3: 59	
Principal Place of Business Mailing Address APT. P205 APT. P205				
8340 SANDS POINT BLVD. 8340 SANDS POINT BLVD.		SECRETARY OF STATE TALEAHASSEE, FLORIDA		
TAMARAC FL 33321 TAMARAC FL 33321		A PROPERTY BAS MAIN DRIVE ABOUT OF	ku aani aen keun kuu nää man alen aku liit	11
2. Principal Place of Business , 3. Mailing Address				
1165 S.V. 12th Read 1165 S.W.	12th Road			
Suite, Apt. #, etc. Suite, Apt. #, etc.		DÓ NOT WRI	TE IN THIS SPACE	
City & State Boca Roton FLorida Boca Rate	on, Florida	4. FEI Number 65 -1616718	Applied For Not Applicab	ole
Zip 33486 Country Zip 33481	Country	5. Certificate of Status Desired	\$5.00 Additional	
6. Name and Address of Current Registered Agent	V.S.	7. Name and Address of New R	Fee Required egistered Agent	-
I DANIE!	Name LC VIII	e Max	The same of the sa	-].
LEVINE, MARK APT. P205	Street Address (P.O. Box Number is Not Acceptable)	\neg
8340 SANDS POINT BLVD.	7/03). W. 12:3 Kout		-
TAMARAC FL 33321	City Bocc	Rates	FL Zip Code 33786	-
8. The above named entity submits this statement for the purpose of changing	its registered office or register	red agent, or both, in the State of Flo		
SIGNATURE Man Levine Signature, typed or printed name of registered agent and title if applicable. (N	Mah June OTE: Registered Agent signature required	I when reinstating)	1/20/01	
. FUE	NOWIU EEE IC 650 00			\neg
	NOW!!! FEE IS \$50.00 Payable to Department o	f State		
i			0	
9. MANAGING MEMBERS / MEMBERS TITLE Passiden . Delete	10.	ADDITIONS/	CHANGES Addition	on §
NAME Mark Levine	NAME			}
STREET ADDRESS 1185 South wint 12th Road CITY-ST-ZIP BOLA Ratus FL 33481	STREET ADDRESS CITY-ST-ZIP			8
TITLE Delete	TITLE		☐ Change ☐ Addition	n 8
NAME .	NAME	2000031	8758827	`
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TITLE Delete	TITLE	****	Change Addition	on]
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.CITY-ST-ZIP.	CITY-ST-ZIP	Street Streets		
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CITY-ST-ZIP	CITY-ST-ZIP	·		4
TITLE Delete	TITLE NAME		Change Addition	'n
2 RET CODRESS	STREET ADDRESS			
Cirrost-ZIP	for the exemption stated in Se	otion 118 07(2)/i) Elevide Statutes	further certify that the information	-
11. If hereby certify that the information supplied with this filling does not qualify indicated on this report is true and accurate and that my signature shall have limited liability company or the receiver or trustee empowered to execute this.	e the same legal effect as if m	nade under oath; that I am a manag	ing member or manager of the	
Mila General Francisco Contractor Contractor	57 5 2448	1/2 de	511 392-2130	
SIGNATURE: _//WC/Survey Signature				- I