

2001 UNIFORM BUSINESS REPORT (UBR)

0012610 AF

DOCUMENT # L00000002140

1. Entity Name
LEVINE & ASSOCIATES, L.L.C.

FILED

01 FEB -7 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
APT. P205
8340 SANDS POINT BLVD.
TAMARAC FL 33321

Mailing Address
APT. P205
8340 SANDS POINT BLVD.
TAMARAC FL 33321

2. Principal Place of Business
1165 S.W. 12th Road
Suite, Apt. #, etc.

3. Mailing Address
1165 S.W. 12th Road
Suite, Apt. #, etc.

City & State
Boca Raton, Florida
Zip 33486 Country U.S.

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Boca Raton, Florida
Zip 33486 Country U.S.

4. FEI Number 65-1616718
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required
No

6. Name and Address of Current Registered Agent

LEVINE, MARK
APT. P205
8340 SANDS POINT BLVD.
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name Levine, Mark
Street Address (P.O. Box Number is Not Acceptable)
1165 S.W. 12th Road
City Boca Raton FL Zip Code 33486

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 Mark Levine Mark Levine 1/20/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE President
NAME Mark Levine
STREET ADDRESS 1165 Southwest 12th Road
CITY-ST-ZIP Boca Raton, FL 33481

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Mark Levine 1/20/00 581 392-2130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)