

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002657

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

Principal Place of Business  
17050 N.W. 3RD AVENUE  
MIAMI FL 33169

Mailing Address  
17050 N.W. 3RD AVENUE  
MIAMI FL 33169

FILED

01 JAN 29 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

20846 NE 32 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

AVENTURA FL

4. FEI Number

65-0877267

Applied For

Not Applicable

Zip

Country

Zip

33160

Country

USA

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVINE, ROY L  
17050 N.W. 3RD AVENUE  
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name LEVINE / Roy L  
Street Address (P.O. Box Number is Not Acceptable)

20846 NE 32 AVE.

City AVENTURA

FL

Zip Code 33180

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 ROY L. LEVINE Roy L. Levine

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/01

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME LEVINE, ROY L  
STREET ADDRESS 17050 N.W. 3RD AVENUE  
CITY-ST-ZIP MIAMI FL 33169 ☐ Delete

TITLE MGR  
NAME LEVINE, BARRY L  
STREET ADDRESS 17050 N.W. 3RD AVENUE  
CITY-ST-ZIP MIAMI FL 33169 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: Barry L. Levine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/24/01 305(651-7284)

Date

Daytime Phone #

CR2E083 (11/00)