

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90068 010 \*\*\*\*55.00

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**33180**

**USA**

4. FEI Number

**65-0877267**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEVINE, ROY L  
 20846 NE 32 AVE.  
 AVENTURA FL 33180**

Name

**Bonnie B. Levine**

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*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/16/02**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE **MGR** ☒ Change ☒ Addition  
 NAME **Bonnie B. Levine**  
 STREET ADDRESS **20846 NE 32 AVE**  
 CITY-ST-ZIP **AVENTURA FL 33180**

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

TITLE **MGR** ☒ Change ☒ Addition  
 NAME **LINDA E. LEVINE**  
 STREET ADDRESS **1120 BELLAIR DR. WEST**  
 CITY-ST-ZIP **Pembroke Pines FL 33027**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

*SIGNATURE REQUIRED*

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

Date

Daytime Phone #

**1/16/02 3059336744**

CR2E083 (9/01)