

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M21826

1. Entity Name

SANCHEZ & LEVITAN, INC.

FILED

Apr 21, 2000 8:00 am  
Secretary of State

04-21-2000 90162 033 \*\*\*150.00

Principal Place of Business

Mailing Address

3191 CORAL WAY  
SUITE #310  
MIAMI FL 33145  
US

3191 CORAL WAY #510  
MIAMI FL 33145-3220  
US

*See new address below*

2. Principal Place of Business

3. Mailing Address

1790 Coral Way

1790 Coral Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3rd Floor

3rd Floor

City & State  
Miami, FL

City & State  
Miami, FL

Zip  
33145

Country  
US

Zip  
33145

Country  
US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2586599

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTILLO, ANGEL  
999 PONCE DE LEON BLVD  
SUITE 1000  
CORAL GABLES FL 33134

*Castillo, Angel  
C/O Morgan, Lewis & Bockius  
5300 First Union Financial Center  
200 South Biscayne Blvd  
Miami, FL 33131*

Name

Street Address (Post Office Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VPSD  
LEVITAN, AIDA  
3191 CORAL WAY 510  
MIAMI FL

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTD  
SANCHEZ, FAUSTO  
3191 CORAL WAY 510  
MIAMI FL

TITLE  
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☐ Change ☐ Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as 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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)