

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90138 038 ***150.00

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DOCUMENT # P01000055747

1. Entity Name
HENRY LEVY, P.A.



Principal Place of Business
POST OFFICE BOX 402132
MIAMI BEACH FL 33140

Mailing Address
POST OFFICE BOX 402132
MIAMI BEACH FL 33140

2. Principal Place of Business
11 ISLAND Ave
Suite, Apt. #, etc.
WMB, FL #1003
City & State

3. Mailing Address
POB 402132
Suite, Apt. #, etc.
WMB, FL
City & State



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1131565** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
LEVY, HENRY
11 ISLAND AVENUE
SUITE 1003
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **NO CHANGES** (NOTE: Registered Agent signature required when reinstating) DATE **April 1, 03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVY, HENRY 11 ISLAND AVENUE MIAMI BEACH FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED *[Signature]* DATE **April 1, 03** DAYTIME PHONE # **305-725-7373**

CR2E034 (10/02)