


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000121263 1. Entity Name LEVINE MANAGEMENT GROUP, INC.	
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Principal Place of Business 4300 N. UNIVERSITY DRIVE SUITE A-106 FORT LAUDERDALE, FL 33351	Mailing Address 4300 N. UNIVERSITY DRIVE SUITE A-106 FORT LAUDERDALE, FL 33351
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04012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0564042	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVINE & SEGAL, P.A.
4300 N. UNIVERSITY DRIVE
SUITE A-106
FORT LAUDERDALE, FL 33351

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature: typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVINE, LAWRENCE A 4300 N. UNIVERSITY DRIVE SUITE A-106 FORT LAUDERDALE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEVINE, BURTON J 4300 N. UNIVERSITY DRIVE SUITE A-106 FORT LAUDERDALE, FL 33351
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04/26/04-80093-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04
Date

954-7619-6700
Daytime Phone #