

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000127484

1. Entity Name
CHERYL LEVINE, INC.



Principal Place of Business

8821 SW 105 ST
MIAMI, FL 33176

Mailing Address

8821 SW 105 ST
MIAMI, FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 04



08192004

Chg-P

CR2E034 (10/03)

4. FEI Number

55-0806768

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVINE, CHERYL
8821 SW 105 ST
MIAMI, FL 33176

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME LEVINE, CHERYL
STREET ADDRESS 8821 SW 105 ST
CITY-ST-ZIP MIAMI, FL 33174

TITLE VP ☐ Delete
NAME ALFONSO, JORYE
STREET ADDRESS 8821 SW 105ST
CITY-ST-ZIP MIAMI, FL 33176

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
800041909088
10/15/04--01101--011 **158.75

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

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

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CITY-ST-ZIP

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

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

Date

Daytime Phone #

305-278-1091

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P02000127484
CHERYL LEVINE, INC.
8821 SW 105 ST
MIAMI FL 33176

Dear Sir,

Please waive the \$400. late fee, since
I never received the notice prior to this
letter.

Please notify me of your response.

Thank you in advance
for your consideration.

Sincerely,

Cheryl Levine