

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P21309**

1. Entity Name

**PHILIP Z. LEVINSON P.C.****FILED**  
**Jan 18, 2001 8:00 am**  
**Secretary of State**

01-18-2001 90028 033 \*\*\*150.00

0303651

Principal Place of Business Mailing Address  
1300 N. FEDERAL HWY 1300 N. FEDERAL HWY  
SUITE 107 SUITE 107  
BOCA RATON FL 33432 BOCA RATON FL 33432

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City &amp; State City &amp; State

Zip Country Zip Country

4. FEI Number **36-3169863** Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****A0006468**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEVINSON, PHILIP Z. 11230 HIGHLAND CIRCLE DRIVE BOCA RATON FL 33428		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City <b>FL</b> 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, 2001 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	<b>PST LEVINSON, PHILIP Z. 11230 HIGHLAND CIRCLE DR BOCA RATON FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LEVINSON, PHILIP Z. 11230 HIGHLAND CIRCLE DR BOCA RATON FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

**PHILIP Z. LEVINSON**

1/17/2001

Date

561/338-8423

Daytime Phone #

CR2E034 (10/00)