2003 FOR PROFIT CORPORATION

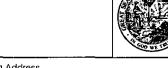
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

SIGNATURE:

P93000032928

1. Entity Name THOMAS LEVINSON, P.A.



FILED Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90195 034 ***150.00

Principal Place of Business 918 ALFONSO AVENUE CORAL GABLES FL 33146 US 2. Principal Place of Business		Mailing Address 918 ALFONSO AVENUE CORAL GABLES FL 33146 US 3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	CHECK HERE IF MAKING CHANGES			
City & Stat	е	City & State			4. FE	Number 65-0411272		Applied For Not Applicable
Zip	Country	Zìp	Country		5. Ce	rtificate of Status Desired	\$9.75	Additional
	6. Name and Address of Current I, THOMAS B NSO AVENUE	Registered Agent	Name Street	<u></u>		me and Address of New Registe	ered Agent	
CORAL G/	ABLES FL 33146	or the curpose of changing its	City registered office	or registere	ed agen	t. or both. In the State of Florida.	FL Zip Co	
	Signature: typed or printed name of registered agent		E: Registered Agent sign		<u> </u>	4/	9/03 ATE	
After Make Check	ILE NOW!!! FEE IS \$150.00 r May 1,2003 Fee will be \$550.00 c Payable to Florida Department o				455	Election Campaign Financin Trust Fund Contribution. TIONE (CLANCES TO DESIGNED	Add	.00 May Be led to Fees
TITLE , NAME STREET ADDRESS CITY-ST-ZIP	D LEVINSON, THOMAS B 918 ALFONSO AVENUE CORAL GABLES FL 33146	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	;	ADDI	TIONS/CHANGES TO OFFICERS	Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINSON, SANDRA 918 ALFONSO AVENUE CORAL GABLES FL 33146	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	e Addition
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indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp- or on an attachment with an address.	s true and accurate and that no owered to execute this report	ny signature shall as required by Ch	have the sa	ame leg	al effect as if made under oath; the	at I am an offici ars in Block 10	er or director or Block 11 if