

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90074 048 \*\*\*150.00

**DOCUMENT # P94000031482**

1. Entity Name  
**LEVEY & ASSOCIATES, P.A.**

**945953**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2655 LE JEUNE ROAD 1108 CORAL GABLES FL 33134 US	Mailing Address 2655 LE JEUNE ROAD SUITE 1108 CORAL GABLES FL 33134-5802 US
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2. Principal Place of Business 1320 SOUTH DIXIE HWY Suite, Apt. #, etc. 1275 City & State CORAL GABLES, FL Zip 33146 Country USA	3. Mailing Address 1320 SOUTH DIXIE HWY Suite, Apt. #, etc. 1275 City & State CORAL GABLES, FL Zip 33146 Country USA
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4. FEI Number 65-0481663	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LEVEY, LEWIS J**  
 2655 LE JEUNE ROAD  
 SUITE 1108  
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 1320 SOUTH DIXIE HWY  
 SUITE 1275  
 City  
 CORAL GABLES FL Zip Code  
 33146

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 *Lewis J. Levey* **LEWIS J. LEVEY** 4-12-00  
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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS LEVEY, LEWIS J 2655 LE JEUNE RD #1108 CORAL GABLES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1320 SOUTH DIXIE HWY SUITE 1275 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lewis J. Levey* **LEWIS J. LEVEY** 4-12-00 305-861-6664  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)