2000 UNIFORM BUSINESS REPORT (UBR)

8/

FILED
Aug 30, 2000 8:00 am
Secretary of State

08-17-2000 90004 015 ***500.00
08-30-2000 90003 036 ****50.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000054465

1. Entity Name
CHARLES M. LEVY, P.A.

Principal Place of Business	Mailing Address
15990 SW 78 PL. MIAMI FL 33157	15990 SW 78 PL. MIAMI FL 33157

2. Principal Place of Business	3. Mailing Address
11765 West Okeechobee Rd	11765 West Okeechobee Rd
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.: Suite 100
City & State: Miami FL	City & State: Miami FL
Zip: 33018 Country:	Zip: 33018 Country:

4. FEI Number 65-0593593 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEVY, CHARLES M 15990 SW 78 PL. MIAMI FL 33159	Name: Charles M. Levy Street Address (P.O. Box Number is Not Acceptable): 11765 West Okeechobee Rd Suite 100 City: Miami FL Zip Code: 33018

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], Pres. Charles M Levy 8/11/00
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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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	PSTD LEVY, CHARLES M 15990 SW 78 PL. MIAMI FL 33159 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Charles M. Levy 11765 West Okeechobee Rd Miami FL 33018 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/00)

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 REQUIRED~~ [signature] Charles M. Levy 8/11/00 305-969-3808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #