

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 10, 2001 08:00 AM**
Secretary of State**DOCUMENT # P95000054465**1. Entity Name
CHARLES M. LEVY, P.A.

Principal Place of Business 11765 WEST OKEECHOBEE BLVD STE 100 MIAMI 33018 FL	Mailing Address 11765 WEST OKEECHOBEE BLVD STE 100 MIAMI 33018 FL
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2. Principal Place of Business 11765 WEST OKEECHOBEE ROAD	3. Mailing Address 11765 WEST OKEECHOBEE ROAD
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Suite, Apt. #, etc. STE 100	Suite, Apt. #, etc. STE 100
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City & State MIAMI FL	City & State MIAMI FL
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Zip 33018	Country	Zip 33018	Country
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4. FEI Number 65-0593593	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentLEVY CHARLES M
11765 WEST OKEECHOBEE BLVD
STE 100
MIAMI
33018
FL**7. Name and Address of New Registered Agent**

Name LEVY CHARLES M
Street Address (P.O. Box Number is Not Acceptable) 11765 WEST OKEECHOBEE ROAD
STE 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 _____ **01/10/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LEVY CHARLES M 15990 SW 78 PL. MIAMI FL 33159	<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
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	PSTD LEVY CHARLES M 11765 WEST OKEECHOBEE ROAD MIAMI FL 33018	<input checked="" 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
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: Charles M. Levy

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01/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)