

2002 UNIFORM BUSINESS REPORT (UBR)

P95000096885

DOCUMENT # P95000096885

1. Entity Name
NELSON & LEVINE, P.A.

FILED

02 APR -5 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10110

Principal Place of Business
19495 BISCAYNE
609
ADVENTURA FL 33180
US

Mailing Address
19495 BISCAYNE
609
ADVENTURA FL 33180
US

2. Principal Place of Business
2775 Sunny Isles Blvd.

3. Mailing Address
2775 Sunny Isles Blvd.

Suite, Apt. #, etc.
Suite 118

Suite, Apt. #, etc.
Suite 118

City & State
North Miami Beach, FL

City & State
North Miami Beach

Zip
33160

Zip
33160

DO NOT WRITE IN THIS SPACE
02/11/02 96885 1024 1520

4. FEI Number 65-0628903 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

NELSON, BARRY A
19495 BISCAYNE
SUITE 609
ADVENTURA FL 33180

NELSON, BARRY A. ESQ.
Street Address (P.O. Box Number is Not Acceptable)
2775 Sunny Isles Blvd.
Suite 118
City North Miami Beach FL Zip Code 33160

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]* *[Signature]*
Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reappointing) 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 \$160.00 After May 1, 2002 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	P	TITLE	P/D
NAME	NELSON, BARRY A.	NAME	Nelson, Barry A.
STREET ADDRESS	19495 BISCAYNE BLVD, STE 609	STREET ADDRESS	2775 Sunny Isle Blvd., Suite 118
CITY-ST-ZIP	ADVENTURA FL	CITY-ST-ZIP	North Miami Beach, FL 33160
TITLE	D	TITLE	D
NAME	NELSON, BARRY A.	NAME	Levine, Marcia E.
STREET ADDRESS	19495 BISCAYNE BLVD, STE 609	STREET ADDRESS	2775 Sunny Isles Blvd., Suite 118
CITY-ST-ZIP	ADVENTURA FL	CITY-ST-ZIP	North Miami Beach, FL 33160
TITLE	D	TITLE	
NAME	LEVINE, MARCIA E	NAME	
STREET ADDRESS	19495 BISCAYNE BLVD #609	STREET ADDRESS	
CITY-ST-ZIP	ADVENTURA FL 33180	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or other like empowered.

SIGNATURE: *[Signature]* *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 305-932-2000

CR02034 (8/01)