

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000021284

1. Entity Name

GRUMER & LEVIN, P.A.

FILED

Jan 19, 2001 8:00 am  
Secretary of State

01-19-2001 90009 026 \*\*\*150.00

Principal Place of Business

1 E BROWARD BLVD  
1705  
FT LAUDERDALE FL 33301  
US

Mailing Address

1 E BROWARD BLVD  
1705  
FT LAUDERDALE FL 33301  
US

2. Principal Place of Business

ONE East Broward Blvd

Suite 1501

City & State  
Ft Lauderdale, FL

Zip  
33301

Country  
US

3. Mailing Address

ONE East Broward

Suite 1501

City & State  
Ft Lauderdale, FL

Zip  
33301

Country  
US

AU006173



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0650926

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEVIN, MICHAEL D  
1 E BROWARD BLVD  
1705  
FT LAUDERDALE FL 33324

7. Name and Address of New Registered Agent

Name  
Michael D. Levin  
Street Address (P.O. Box Number is Not Acceptable)  
ONE East Broward Blvd  
Suite 1501  
City  
Ft Lauderdale FL Zip Code  
33301

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, 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, 2001 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	PD GRUMER, KEITH 2482 EAGLEWATCH COURT FORT LAUDERDALE FL 33327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD LEVIN, MICHAEL ONE E. BROWARD BLVD., #1705 FT. LAUDERDALE FL 33301	<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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/10/01 954-713-2700

0241150

CR2E034 (10/00)