

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039888

1. Entity Name

LEVINE KATARI, P.A.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90079 049 ***150.00

Principal Place of Business

Mailing Address

370 W. CAMINO GARDENS BLVD., STE.210
BOCA RATON FL 33432

370 W. CAMINO GARDENS BLVD., STE.210
BOCA RATON FL 33432-5826

2. Principal Place of Business

1499 W. Palmetto Park Road

3. Mailing Address

1499 W. Palmetto Park Rd

Suite, Apt. #, etc.

Suite 412

Suite, Apt. #, etc.

Suite 412

City & State

Boca Raton FL

City & State

Boca Raton, FL

Zip

33486

Country

USA

Zip

33486

Country

USA

4. FEI Number

65-0832867

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KATARI, KIMBERLY L

370 W. CAMINO GARDENS BLVD., STE.210
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1499 W. Palmetto Park Rd

Suite 412

City

Boca Raton

FL

Zip Code

33486

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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/28/00

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 ☐ Delete
NAME D
STREET ADDRESS KATARI, KIMBERLY L
CITY-ST-ZIP 370 W. CAMINO GARDENS BLVD., STE.210
BOCA RATON FL 33432

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(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

1/28/00

Date

(561) 330-9733

Daytime Phone #