

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90057 028 ***150.00

DOCUMENT # P98000039888

1. Entity Name
LEVINE KATARI, P.A.



Principal Place of Business
1499 W PALMETTO PARK ROAD
STE 412
BOCA RATON FL 33486
US

Mailing Address
1499 W PALMETTO PARK ROAD
STE 412
BOCA RATON FL 33486
US



2. Principal Place of Business

One Boca Place

Suite, Apt. #, etc.

2255 Glades Rd, Suite 337 W

City & State
BOCA RATON FL

Zip
33431

Country
USA

3. Mailing Address

One Boca Place

Suite, Apt. #, etc.

2255 Glades Rd, Suite 337 W

City & State
BOCA RATON FL

Zip
33431

Country
USA

☐ CHECK HERE IF MAKING CHANGES

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
1499 W PALMETTO PARK RD
STE 412
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name

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

2255 Glades Road, Suite 337 W

City **BOCA RATON**

FL

Zip Code **33431**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/26/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **KATARI, KIMBERLY L**
STREET ADDRESS **1499 W PALMETTO PARK ROAD SUITE 412**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **One Boca Place, Suite 337 W**
CITY-ST-ZIP **2255 Glades Road, Boca Raton 33431**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/03

Date

Daytime Phone #

CR2E034 (10/02)