

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087853

1. Entity Name

DR. ROBERT S. LEVINE, ESQ., P.A.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90063 020 ***150.00

Principal Place of Business

Mailing Address

791 NORTH PINE ISLAND ROAD
SUITE 208
PLANTATION FL 33324

791 NORTH PINE ISLAND ROAD
SUITE 208
PLANTATION FL 33324-3733

2. Principal Place of Business

761 No. Pine Island Road

3. Mailing Address

761 No. Pine Island Road

Suite, Apt. #, etc.

Suite 209

Suite, Apt. #, etc.

Suite 209

City & State

Plantation, Florida

City & State

Plantation, FL

Zip

33324

Country

USA

Zip

33324

Country

USA

4. FEI Number

65-0868516

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVINE, ROBERT S ESQ
791 NORTH PINE ISLAND ROAD, STE. 208
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Dr. Robert S. Levine, Esq.

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

761 No. Pine Island Road

Suite 209

City

Plantation

FL

Zip Code

33324

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

Dr Robert S. Levine, Esq.

3/29/00

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, 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 D
NAME LEVINE, ROBERT S
STREET ADDRESS 791 NORTH PINE ISLAND ROAD
CITY-ST-ZIP PLANTATION FL 33324

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME LEVINE, ROBERT S.
STREET ADDRESS 761 No. PINE ISLAND RD # 209
CITY-ST-ZIP PLANTATION, FL 33324

☒ Change

☐ Addition

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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:

Dr Robert S. Levine, Esq.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00

Date

(954) 916-9809

Daytime Phone #

CR2E034 (9/99)