

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

0224725 AV

02-19-2002 90118 008 \*\*\*150.00

**DOCUMENT # V53665**

1. Entity Name  
**F & L PROPERTIES, INC.**

Principal Place of Business Mailing Address  
**2543 PINE TREE DR 2543 PINE TREE DR**  
**MIAMI BEACH FL 33140 MIAMI BEACH FL 33140**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**1330/40 Drexel Ave**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Miami Beach FL**

City & State City & State 4. FEI Number **65-0347465** Applied For  
 Not Applicable  
 Zip **33139** Country **DADE** Zip Country 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  
**FILINGS INC.** Name  
**3732 NW 16TH STREET** Street Address (P.O. Box Number is Not Acceptable)  
**FT LAUDERDALE FL 33311** City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**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                      | <b>D</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LEVINSON, JUDITH</b>                  | NAME  |   |
| STREET ADDRESS             | <b>2543 PINE TREE DR</b>                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>MIAMI BEACH FL 33140</b>              | CITY-ST-ZIP   |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>FEISS, JOEL</b>                       | NAME  |   |
| STREET ADDRESS             | <b>2611 HIBISCUS PLACE</b>               | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>FORT LAUDERDALE FL 33301</b>          | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ANDREW LEVINSON</b>                   | NAME  |   |
| STREET ADDRESS             | <b>1330 Drexel Ave Apt 7</b>             | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>Miami Beach FL 33140</b>              | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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)(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: Judith Levinson **Judy Levinson** 1/24/02 (305) 531-0083  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)