

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 15, 2000 8:00 am
Secretary of State
 03-30-2000 90109 015 *****70.00

DOCUMENT # 711005

1. Entity Name

LEGAL SERVICES OF GREATER MIAMI, INC.

Principal Place of Business

**3000 BISCAYNE BLVD.
 STE. 500
 MIAMI FL 33137**

Mailing Address

**3000 BISCAYNE BLVD.
 STE. 500
 MIAMI FL 33137-4129**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1086719

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CYPEN, MARCIA K
 3000 BISCAYNE BLVD.
 SUITE 500
 MIAMI FL 33137**

7. Name and Address of New Registered Agent

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
 NAME **WASHINGTON, LYNN**
 STREET ADDRESS **HOLLAND & NIGHT 701 BRICKELL AVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE **SD** ☒ Delete
 NAME **YATES, DONALD E**
 STREET ADDRESS **402 APPELROUTH LANE**
 CITY-ST-ZIP **KEY WEST FL**

TITLE **VD** ☐ Delete
 NAME **WILLIAMS, STARLETTE**
 STREET ADDRESS **4265 NW 22 CT**
 CITY-ST-ZIP **MIAMI FL**

TITLE **PD** ☒ Delete
 NAME **SCHWABEDISSEN, ELIZABETH**
 STREET ADDRESS **ADORNO & ZEDER 2601 S BAYSHORE DR 1600**
 CITY-ST-ZIP **MIAMI FL**

TITLE **TD** ☐ Delete
 NAME **CORTINAS, ANGEL**
 STREET ADDRESS **US ATT. OFFICE- 99 NE 4 ST.**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
 NAME **WASHINGTON, LYNN**
 STREET ADDRESS **HOLLAND & KNIGHT 701 BRICKELL AVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE **VD** ☐ Change ☒ Addition
 NAME **HERRERA-NAVARRETE, LIBBY**
 STREET ADDRESS **PHILLIPS RICHARD 6950 N. KENDALL DRIVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE **SD** ☐ Change ☒ Addition
 NAME **MEYER, CHRISTOPHER C.**
 STREET ADDRESS **444 WHITEHEAD STREET**
 CITY-ST-ZIP **KEY WEST, FL**

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

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 617, 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

Date

Daytime Phone #

CR2E037 (9/99)