

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90138 047 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1227481**

Applied For

Not Applicable

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

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

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **PD** ☒ Change ☐ Addition
NAME **HERRERA-NAVARRET, LIBBY**
STREET ADDRESS **PHILLIPS RICHARD 6950 KENDALL DRIVE**
CITY-ST-ZIP **MIAMI, FL**

TITLE **VD** ☒ Delete
NAME **HERRERA-NAVARRETE, LIBBY**
STREET ADDRESS **PHILLIPS RICHARD 6950 KENDALL DR**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **VD** ☒ Delete
NAME **EAFORD, GAIL**
STREET ADDRESS **169 NW 26 ST**
CITY-ST-ZIP **MIAMI FL 33127**

TITLE **VD** ☐ Change ☒ Addition
NAME **SMITH, LARRY**
STREET ADDRESS **1221 NE 152 STREET**
CITY-ST-ZIP **NORTH MIAMI, FL**

TITLE **TD** ☒ Delete
NAME **SCHWABEDISSEN, ELIZABETH**
STREET ADDRESS **ADORNO & ZEDER 2601 S BAYSHORE DR**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **TD** ☐ Change ☒ Addition
NAME **PAYNE, DARRELL**
STREET ADDRESS **SHOOK HARDY BACON 201 SOUTH BISCAYNE BLVD.**
CITY-ST-ZIP **MIAMI, FL**

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

TITLE **SD** ☐ Change ☒ Addition
NAME **REISS, BENJAMIN L.**
STREET ADDRESS **GREENBERG TRAUIG 1221 BRICKELL AVENUE**
CITY-ST-ZIP **MIAMI, FL**

TITLE **EXECUTIVE DIRECTOR** ☐ Delete
NAME **CYPEN, MARCIA K.**
STREET ADDRESS **3000 BISCAYNE BLVD., SUITE 500**
CITY-ST-ZIP **MIAMI, FL 33137**

TITLE **EXECUTIVE DIRECTOR** ☐ Change ☒ Addition
NAME **CYPEN, MARCIA K.**
STREET ADDRESS **3000 BISCAYNE BLVD., SUITE 500**
CITY-ST-ZIP **MIAMI, FL 33137**

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

March 24, 2003

CR2E037 (10/02)