

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

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AV

DOCUMENT # **A29521**

1. Entity Name
LEGAL YOGURT, LTD.

02 APR 15 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business ONE DATRAN CENTER, SUITE 1010 9100 SOUTH DADELAND BOULEVARD MIAMI FL 33156	Mailing Address ONE DATRAN CENTER, SUITE 1010 9100 SOUTH DADELAND BOULEVARD MIAMI FL 33156
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2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0166829	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STEIN, BARRY A. 9100 SOUTH DADELAND BLVD. STE 1010 MIAMI FL 33156				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$54,500.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	STEIN, BARRY A ESQ. 9011 S. DADELAND BLVD., SUITE 1010 MIAMI FL 33156	STREET ADDRESS	300005309229 3 -04/19/02--01077--031 ****470.25 ****470.25
NAME		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

CR2E003 (9/01)