## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000117894  1. Entity Name 925 LEGAL SUITE CORP.				Secretary of State 01-14-2002 90006 042 ***150.00			
Principal Place of Business ONE EAST BROWRD BLVD STE 925 FT LAUDERDALE FL 33301		Mailing Address ONE EAST BROWRD BLVD STE 925 FT LAUDERDALE FL 33301					
2. Principal F	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & Stat	de	City & State		4. FEI Number 65-1072635 Applied For Not Applicab			
Zip	Country	Zip	Country	5. Certificate of Status Desired			
	6. Name and Address of Current Re	gistered Agent	-	7. Name and Address of New Registered Agent			
ENTIN M	ICHAFL J		Name				
ENTIN, MICHAEL J ONE EAST BROWRD BLVD STE 925 FT LAUDERDALE FL 33301			Street Addres	ress (P.O. Box Number is Not Acceptable)			
./			City	FL Zip Code			
8. The above	named entity submits this statement for the	ne purpose of changing its re	I egistered office or regis	gistered agent, or both, in the State of Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: F	Registered Agent signature requ	equired when reinstating) DATE			
Tax filing i	oration is eligible to satisfy its Intangible requirement and elects to do so.	B contract of the contract of	FEE IS \$150.00 Fee will be \$550.00 to Department of S				
11.	OFFICERS AND DI	RECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENTIN, MICHAEL J ONE EAST BROWRD BLVD STE 92 FT LAUDERDALE FL 33301	□ Delete 5	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, JEFFREY M ONE EAST BROWRD BLVD STE 92 FT LAUDERDALE FL 33301	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDMAN, JONATHAN S ONE EAST BROWRD BLVD STE 92 FT LAUDERDALE FL 33301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio			
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TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	÷			
indicated of the cor	on this report or supplemental report is tru	ue and accurate and that my ered to execute this report as	signature shall have th	in Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director r 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if			

ATURE: SERVIMENTALISTEFFER M. HARRIS 1-4-02 954-502-700