2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State
03-13-2002 90140 045 ***150.00

DOCUMENT # P01000048793

1. Entity Name

LEGACY BUSINESS CORPORATION

Principal Place of Business	Mailing Address
6841 NW 173RD ROAD DRIVE APARTMENT 206 MIAMI FL 33015	6841 NW 173RD ROAD DRIVE APARTMENT 206 MIAMI FL 33015

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1901 NW 36 ST	6841 NW 173RD ROAD DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 206
City & State: MIAMI, FL	City & State: MIAMI FL
Zip: 33142 Country: DADE	Zip: 33015 Country: DADE

4. FEI Number: 65-0104718 ☐ 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
ROTH, LEONARDO A ESQ. C/O ROTH, ROUSSO & DARRACH, P.A. 3440 HOLLYWOOD BLVD., SUITE 360 HOLLYWOOD FL 33021	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. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD BASAIL, GABRIELA 6841 NW 173 RD. DR., APT. 206 MIAMI FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD IRIBAS, MARCOS M 6905 NW 173RD ROAD DRIVE, SUITE 201 MIAMI FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #