2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90757 001 ***150.00
03-03-2003 90757 002 *****8.75

DOCUMENT # P01000048793

1. Entity Name
LEGACY BUSINESS CORPORATION

Principal Place of Business	Mailing Address
1901 NW 36 STREET MIAMI FL 33142	6841 NW 173RD ROAD DRIVE #206 MIAMI FL 33015

2. Principal Place of Business	3. Mailing Address
3112 NW 36 ST	1837 NE 211 LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI	City & State: NORTH MIAMI BEACH
Zip: 33142 / Country:	Zip: 33179 / Country:

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1104718 — ☑ 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: JAVIER ALBERTO CHOROSZCZ Street Address (P.O. Box Number is Not Acceptable): 3551 NW 36 ST City: MIAMI FL Zip Code: 33142

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] GABRIELA BASAIL - PSTD   DATE 02-28-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. 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	PSTD JAVIER ALBERTO CHOROSZCZ 1837 NE 211 LANE NORTH MIAMI BEACH FL 33179 ☒ 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	VICE PRESIDENT ANA ANGELICA DE LUCENA 1837 NE 211 LANE NORTH MIAMI BEACH FL 33179 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 607, 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] GABRIELA BASAIL PSTD   02-28-03   3058288606

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