

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000110815

1. Entity Name

LEGACI INTERNATIONAL GROUP CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6594 SW 152 Ct

Suite, Apt. #, etc.

3. Mailing Address

6594 SW 152 Ct

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33193

Country
USA

Zip
33193

Country
USA

4. FEI Number

02-0647539

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name LEQUERICA, CHRISTOPHER

Street Address (P.O. Box Number is Not Acceptable)

6594 SW 152 Ct

City Miami

FL

Zip Code
33193

**DO NOT WRITE
IN THIS SPACE**

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

Signature of Christopher Lequerica

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

08/09/2003

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
LEQUERICA, CHRISTOPHER
6594 SW 152 Ct
Miami, FL 33193

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

PRESIDENT

SIGNATURE:

Signature of Christopher Lequerica

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER LEQUERICA 08-09-03 786-4866025

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG -8 AM 8:00

300022351223
08/15/03--01057--001 **150.00

DO NOT WRITE IN THIS SPACE

MPS

CR2034B (12/01)

Miami, August 4, 2003

**Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314**

**Re: LEGACI INTERNATIONAL GROUP, CORP
Doc Number P93000076699**

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2003 Uniform Business Report. We think it was sent to a different location.

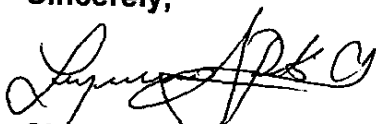
We are enclosing a check for \$150 to cover the following fees:

2003 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 2002.

~~Your consideration will be greatly appreciated.~~

Sincerely,



**Christopher Lequerica
President
6594 SW 152 CT
Miami, FL 33193**