

FILED
Jun 12, 2002 8:00 am
Secretary of State

05-10-2002 90025 029 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011776

1. Entity Name
JEROLD'S LEGAL CREDITCARD CORPORATION

Principal Place of Business 400 S.W. 107 AVE # 300 MIAMI FL 33174 US	Mailing Address 400 S.W. 107 AVE # 300 MIAMI FL 33174 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0721666	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BERTRAN, JOSE L
1170 NW 125 CT
MIAMI FL 33182

7. Name and Address of New Registered Agent

Name: **Luis Trelles**
Street Address (P.O. Box Number is Not Acceptable): **2880 S.W. 137 Ave.**
City: **Miami FL** FL Zip Code: **33175**

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: *Luis Trelles* **Luis Trelles** DATE: **04/13/02**

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: <input type="checkbox"/>	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: <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE P	NAME BERTRAN, JOSE LUIS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1120 NW 124 PL	CITY-ST-ZIP MIAMI FL 33182	
TITLE VP	NAME ECHEGARAY, ZAHIRA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2880 SW 137 AVE	CITY-ST-ZIP MIAMI FL 33175	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT	NAME Luis Trelles	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2880 S.W. 137 Ave.	CITY-ST-ZIP MIAMI FL 33175	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

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 information.

SIGNATURE: *Luis Trelles* **Luis Trelles (President)** DATE: **04/13/02** DAYTIME PHONE #: **(305) 207-8814**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)