

# 2000 UNIFORM BUSINESS REPORT (UBR)

0006171 1

**DOCUMENT # A29521**  
 1. Entity Name  
**LEGAL YOGURT, LTD.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 APR 27 PM 1:17

Principal Place of Business: ONE DATRAN CENTER, SUITE 1010, 9100 SOUTH DADELAND BOULEVARD, MIAMI FL 33156  
 Mailing Address: ONE DATRAN CENTER, SUITE 1010, 9100 SOUTH DADELAND BOULEVARD, MIAMI FL 33156-7814



**MJH**

DO NOT WRITE IN THIS SPACE

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

4. FEI Number **65-0166829**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**STEIN, BARRY A.**  
**9100 SOUTH DADELAND BLVD.**  
**STE 1010**  
**MIAMI FL 33156**

7. Name and Address of New Registered Agent  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

9. Capital Contributions as Shown on record: **\$54,500.00**  
 10. Amount of Capital Contributions in FLORIDA to date: \_\_\_\_\_  
 11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	L42918
NAME	ALLAJAR, INC.
STREET ADDRESS	9100 S DADELND BL., #1010
CITY - ST - ZIP	MIAMI FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

*FF \$ 476.25*  
**800003243978 - - 0**  
 85493400 01026 021  
 \*\*\*\*470.25 \*\*\*\*470.25

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Signature of Barry A. Stein*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/30/00 365 7941292  
 Date Daytime Phone #

CE 000 0000