

2001 UNIFORM BUSINESS REPORT (UBR)

2005329 AF

DOCUMENT # **A29521**

1. Entity Name

LEGAL YOGURT, LTD.

FILED

01 MAR -9 PM 12:06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

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**

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 65-0166829	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STEIN, BARRY A. 9100 SOUTH DADELAND BLVD. STE 1010 MIAMI FL 33156		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
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**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	STEIN, BARRY A ESQ.	CITY-ST-ZIP	
CITY-ST-ZIP	9011 S. DADELAND BLVD., SUITE 1010 MIAMI FL 33156		
DOCUMENT #	NAME	STREET ADDRESS	500003851315--1
STREET ADDRESS		CITY-ST-ZIP	-03/13/01-01113-003
CITY-ST-ZIP			****470.25 ****470.25
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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DOCUMENT #	NAME	STREET ADDRESS	
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CITY-ST-ZIP			

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: **Barry A Stein** **3/5/01** **3056702333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)