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2002 UNIFORM BUSINESS REPORT (UBR)

AND A29521 **DOCUMENT #** 1. Entity Name 02 APR 15 PH 12: 27 LEGAL YOGURT, LTD. SECRETARY OF STATE FAUL AHASSEE, FLORIDA Principal Place of Business Mailing Address ONE DATRAN CENTER. SUITE 1010 ONE DATRAN CENTER, SUITE 1010 9100 SOUTH DADELAND BOULEVARD 9100 SOUTH DADELAND BOULEVARD MIAMI FL 33156 **MIAMI FL 33156** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** Applied For City & State City & State 4. FEI Number 65-0166829 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEIN, BARRY A. Street Address (P.O. Box Number is Not Acceptable) 9100 SOUTH DADELAND BLVD. STE 1010 MIAMI FL 33156 Zip Code City 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, typed or printed name of registered agent and title if applicable 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$54,500.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. in FLORIDA to date 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 ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS STEIN, BARRY A ESQ. NAME 9011 S. DADELAND BLVD., SUITE 1010 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33156 CITY-ST-ZIP DOCUMENT # -04/19/02--01077 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(!), 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