

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90117 019 ***150.00

DOCUMENT # F01000001626

1. Entity Name

LEGAL ZOOM NEVADA, INC.

Principal Place of Business

**639 NORTH LARCHMONT AVE., SUITE 107
 LOS ANGELES CA 90004**

Mailing Address

**639 NORTH LARCHMONT AVE., SUITE 107
 LOS ANGELES CA 90004**

2. Principal Place of Business

395 Alhambra Circle

3. Mailing Address

589 N. Larchmont Ave

Suite, Apt. #, etc.

Suite 301

Suite, Apt. #, etc.

2nd Floor

City & State

Coral Gables, FL

City & State

Los Angeles, CA

4. FEI Number

95-2073977

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

90004

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

FEDERICO MACIA, P.A.

395 ALHAMBRA CIRCLE, SUITE 310

CORAL GABLES FL 33134

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **PST HARTMAN, EDWARD**
 STREET ADDRESS **639 NORTH LARCHMONT AVE., SUITE 107**
 CITY-ST-ZIP **LOS ANGELES CA 90004**

TITLE ☐ Delete
 NAME **CD HARTMAN, EDWARD**
 STREET ADDRESS **639 NORTH LARCHMONT AVE., SUITE 107**
 CITY-ST-ZIP **LOS ANGELES CA 90004**

TITLE ☐ Delete
 NAME **V LIU, BRIAN**
 STREET ADDRESS **639 NORTH LARCHMONT AVE., SUITE 107**
 CITY-ST-ZIP **LOS ANGELES CA 90004**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 empowered.

SIGNATURE:

SIGNATURE REQUIRED **Brian Liu**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02 (323) 962-8600
 Date Daytime Phone #

CR2F034 (9/01)