

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

0224689 AV

**DOCUMENT # H10715**

**1. Entity Name**  
**LEGRAN, INC.**

02-14-2002 90037 001 \*\*\*150.00

**Principal Place of Business**  
**601 W 50TH ST.**  
**MIAMI BCH. FL 33140**

**Mailing Address**  
**601 W 50TH ST.**  
**MIAMI BCH. FL 33140**



**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**

**59-2430026**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SCHER, ARNOLD I. DECEASED**  
**1401 BRICKELL AVENUE**  
**SUITE 801**  
**MIAMI FL 33131**

**7. Name and Address of New Registered Agent**

**Name** **JEFFREY A. KERN, Esquire**  
**Street Address (P.O. Box Number is Not Acceptable)** **One S.E. Third Avenue Suite 2800**  
**City** **Miami, Florida** **FL** **Zip Code** **33130**

**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]*

**1/29/02**

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirements 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **DST** ☐ Delete  
**NAME** **WALDER, ANN**  
**STREET ADDRESS** **601 WEST 50TH STREET**  
**CITY-ST-ZIP** **MIAMI BEACH FL**

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

**TITLE** **D** ☒ Delete  
**NAME** **WALDER, GREGORY M. DECEASED**  
**STREET ADDRESS** **4129 MERIDIAN AVE**  
**CITY-ST-ZIP** **MIAMI BEACH FL 33140**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**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 empowered.**

**SIGNATURE:**

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-20-2002 865 7717**  
 Date Daytime Phone #

CR2E034 (9/01)