

FILED
Jul 04, 2002 8:00 am
Secretary of State

06-12-2002 90238 030 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **L08739** *NIC 2/29/01 4/19/01 mhm*

1. Entity Name
Sawgrass Legal Center, P.A.

DO NOT WRITE IN THIS SPACE

37602

2. Principal Place of Business
7907 West McNab Road
Suite, Apt. #, etc.

3. Mailing Address
7907 West McNab Road
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tamarac, FL

City & State
Tamarac, FL

Zip
33321

Country
USA

Zip
33321

Country
USA

4. FEI Number
65-0132582

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Jonathan M. Sabghir

Street Address (P.O. Box Number is Not Acceptable)
7907 West McNab Road

City
Tamarac

FL

Zip Code
33321

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 _____ DATE _____

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

January 1 - May 31 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	Jonathan M. Sabghir 7907 West McNab Road Tamarac, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a) 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 on an attachment with an address, with all ovals like any covered.

SIGNATURE: _____ *6/5/02 984-724-7777*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR