

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000000776

FILED
Apr 27, 2003
Secretary of State

Entity Name: LEGAL ACTION COALITION CORP

Current Principal Place of Business:

9201 FONTAINEBLEAU BLVD
4
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

9201 FONTAINEBLEAU BLVD
4
MIAMI, FL 33172

New Mailing Address:

FEI Number: 02-0547682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALZATE, DORA
9201 FONTAINEBLEAU BLVD
4
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALZATE, DORA
Address: 9201 FONTAINEBLEAU BLVD #4
City-St-Zip: MIAMI, FL 33172 US

Title: V () Delete
Name: PALLARES, LUIS A
Address: 9201 FONTAINEBLEAU BLVD #4
City-St-Zip: MIAMI, FL 33172 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ALZATE, DORA D
Address: 9201 FONTAINEBLEAU BLVD #4
City-St-Zip: MIAMI, FL 33172 US

Title: D (X) Change () Addition
Name: PALLARES, LUIS A D
Address: 9201 FONTAINEBLEAU BLVD #4
City-St-Zip: MIAMI, FL 33172 US

Title: D () Change (X) Addition
Name: PALLARES, BELINDA D
Address: 10220 NW 3 ST
City-St-Zip: PEMBROKE PINES, FL 33026 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORA ALZATE

D

04/27/2003

Electronic Signature of Signing Officer or Director

Date