

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005701

1. Entity Name

LEGALNET OF SOUTH FLORIDA, INC.

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91609 034 ****61.25

Principal Place of Business

Mailing Address

701 PROMENADE DR
STE. 104
PEMBROKE PINES FL 33026

7900 S.W. 53 PLACE
SOUTH MIAMI FL 33143

400411

2. Principal Place of Business

11332 SW 115 TERR

3. Mailing Address

11332 SW 115 TERR

Suite, Apt. #, etc.

MIAMI, Florida

Suite, Apt. #, etc.

City & State

33176

City & State

MIAMI, Florida

Zip

Country

USA

Zip

33176

Country

USA

4. FEI Number

65-0587754

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILL, SHIRLEY
C/O PROTEMPS OF MIAMI, INC.
701 PROMENADE DRIVE, STE. 104
PEMBROKE PINES FL 33026

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
WEGLARZ, DOLORES A
10850 SW 113 PLACE # 114
MIAMI FL 33176 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DOLORES A. WEGLARZ
11332 SW 115 TERR.
MIAMI, FL. 33176 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
BENOWITZ, ALLEN H
19 W FLAGLER ST # 1020 BISCAYNE BLDG
MIAMI FL 33130 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
LUCAS, LIS
600 BRICKELL AVE #203
MIAMI FL 33131 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SE
LUCAS, LIS
600 BRICKELL AVENUE STE 203
MIAMI FL 33131 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)