FILED
May 22, 2003 8:00 am
Secretary of State
04-30-2003 90072 016 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N 94000005701 ✓

1. Entity Name

LEGALNET OF SOUTH FLORIDA, INC.

55042794

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
1332 S W 115 TRAR.	7900 S.W 53 PL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: MIAMI FLORIDA	City & State: SOUTH MIAMI FLORIDA	4. FEI Number: 65-0587754 ☐ Applied For ☐ Not Applicable
Zip: 33174 Country: U.S.A.	Zip: 33143 Country: DADE	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: SAME

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Signature, typed or printed name, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT CHRIS ROEHM JR 270 N.E. 51 STREET FT LAUDERDALE FL 3334
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT PATRICK SHANAHAN 14875 N.W. 77 AVE # 204 HIALEAH FL 33014
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY LIS LUCAS 606 BRICKELL AVE. #203 MIAMI, FLORIDA 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER JOSH KOTLER 7312 S. W. 78 STREET MIAMI, FLORIDA 33155
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ✓ LIS LUCAS, SEC. 4-25-2003 3055309580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #