

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90030 032 ***150.00

DOCUMENT # P00000014707

1. Entity Name
 URBAN LEGACY, INC.

Principal Place of Business
 6952 N.W. 30TH AVENUE
 FORT LAUDERDALE FL 33309

Mailing Address
 6952 N.W. 30TH AVENUE
 FORT LAUDERDALE FL 33309

2. Principal Place of Business
 14422 NW 7th Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Miami, FL

City & State

Zip 33168 **Country** USA

Zip **Country**

4. FEI Number 65-1028337 **APPLIED FOR**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HUNTER, LEON
 6952 N.W. 30TH AVENUE
 FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name Hunter, Leon
Street Address (P.O. Box Number is Not Acceptable) 14422 NW 7th Avenue
City Miami **FL** **Zip Code** 33168

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 *Leon Hunter* **DATE** 4/30/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement 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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> Delete
NAME	HUNTER, LEON	
STREET ADDRESS	6952 N.W. 30TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HUNTER, LEON	
STREET ADDRESS	6952 N.W. 30TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/30/02 **DAYTIME PHONE #** 954-962-0350

CR2E034 (9/01)