

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91348 028 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000057463

1. Entity Name

Florida Legal Center, Inc. ✓

DO NOT WRITE IN THIS SPACE2. Principal Place of Business
900w 49 st3. Mailing Address
900w 49 stSuite, Apt. #, etc.
200

Suite, Apt. #, etc.

200

City & State
Hialeah FLCity & State
Hialeah FL4. FEI Number
65-1016569Applied For
Not ApplicableZip
33012Country
USZip
33012Country
US5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Fernando Carlos L Esq.

Street Address (P.O. Box Number is Not Acceptable)

900w 49 st #200

City
Hialeah

FL

Zip Code
33012**DO NOT WRITE
IN THIS SPACE**

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

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 \$350.00
 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

PRD Fernandez Carlos L
 900w 49 st #200
 Hialeah FL 33012

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all power hereby empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)