

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000077094

FILED
Mar 08, 2002 8:00 AM
Secretary of State

Entity Name: MEDICAL-LEGAL ADVANTAGE, INC.

Current Principal Place of Business:

896 N FEDERAL HWY PMB 913
POMPANO BEACH, FL 33062

New Principal Place of Business:

1041 NE 27TH TERR
POMPANO BEACH, FL 33062

Current Mailing Address:

896 N FEDERAL HWY PMB 913
POMPANO BEACH, FL 33062

New Mailing Address:

1041 NE 27TH TERR
POMPANO BEACH, FL 33062

FEI Number: 65-1033881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALINE O. MARCANTONIO
1041 NE 27TH TERR
POMPANO BEACH, FL 33062 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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARCANTONIO, ALINE O
Address: 1041 NE 27 TERR
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALINE MARCANTONIO

D

03/08/2002

Electronic Signature of Signing Officer or Director

_____ Date