

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90086 024 ***150.00

DOCUMENT # P00000102572

1. Entity Name
LEGACY REALTY GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3031 Northeast 163rd Street

3. Mailing Address
10050 N.W. 6th Court
Suite, Apt. #, etc.
Bay 11

City & State
North Miami Beach, FL

City & State
Pembroke Pines

4. FEI Number
651051593

Applied For
Not Applicable

Zip
33160

Zip
33024

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Hector J. Mir

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

2655 Le Jeune Road, Suite 1107

City
Coral Gables, FL 33134

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 *Hector J. Mir*

Hector J. Mir

4/24/02

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 1 Fee is \$150.00

After May 1, Fee is \$550.00

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
PD
Gaviria, Juan Carlos
1865 Bay Terrace
North Bay Village, FL 33141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Camp, Elizabeth
3031 NE 163rd Street
North Miami Beach, FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CR2E034B (12/01)

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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #