

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90013 014 \*\*\*150.00

**DOCUMENT # P00000102825**

1. Entity Name  
**LEG WORKS OF MIAMI, INC.**

Principal Place of Business <b>3900 NW 79TH AVE SUITE 326          MIAMI FL 33166</b>	Mailing Address <b>3900 NW 79TH AVE SUITE 326          MIAMI FL 33166</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>9780 S.W. 60th Ct.</b> Suite, Apt. #, etc.	3. Mailing Address <b>9780 S.W. 60th Ct.</b> Suite, Apt. #, etc.
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City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>	4. FEI Number <b>65-1051613</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33156</b>	Country	Zip <b>33156</b>	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**CERRO, RAQUEL**  
**3900 NW 79TH AVE SUITE 326**  
**MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name **William Kranichfeld**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9780 S.W. 60th Ct.**  
 City **Miami, FL** Zip Code **33156**

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 *William Kranichfeld* Date **4/15/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CERRO, RAQUEL</b> <b>3900 NW 79TH AVE SUITE 326</b> <b>MIAMI FL 33166</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>William Kranichfeld</b> <b>9780 S.W. 60th Ct.</b> <b>Miami, FL 33156</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Denise Kranichfeld</b> <b>9780 S.W. 60th Ct.</b> <b>Miami, FL 33156</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William Kranichfeld* Date **4/15/01** Daytime Phone # **305-670-0590**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)