2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

04-12-2001 90059 019 ***150.00

DOCUMENT # P00000110254

1. Entity Name
FLORIDA LEGAL MANAGEMENT INC.

Principal Place of Business
2828 CORAL WAY STE 302
MIAMI FL 33145

Mailing Address
2828 CORAL WAY STE 302
MIAMI FL 33145

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 2828 Coral Way
Suite, Apt. #, etc.: 303
City & State: Miami, FL
Zip: 33145 Country:

3. Mailing Address: 16120 SW 91 Ct
Suite, Apt. #, etc.:
City & State: Miami, FL
Zip: 33157 Country:

4. FEI Number: 65109952 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
GUTIERREZ, JULIO ESQ.
3770 W 12TH AVE
HIALEAH FL 33012

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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) ☐

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	DCEO ☐ Delete	TITLE	DCEO ☒ Change ☐ Addition
NAME	RAMEY, ALEXANDER B	NAME	Ramey, Alexander B.
STREET ADDRESS	10181 SW 92ND AVE	STREET ADDRESS	16120 SW 91 Ct
CITY-ST-ZIP	MIAMI FL 33176	CITY-ST-ZIP	Miami, FL 33157
TITLE	DCFO ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	Errol James Torres	NAME	
STREET ADDRESS	3201 SW 51st St.	STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33312	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 1 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____ 4/19/01 (305) 443-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)