

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

DOCUMENT # **02103**
701000000873

1. Entity Name

MIAMI Legal Services, Inc.



FILED

03 MAR -6 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1735 SW 11 St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33135

Country

U.S.A.

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Ann A. Guerra

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

1735 SW 11 Street

City

MIAMI

FL

Zip Code

33135

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Ann A. Guerra
STREET ADDRESS	1735 SW 11 St
CITY-ST-ZIP	MIAMI FL 33135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **2/12/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

Attachment#

Miami Legal Services, Inc.

January 24, 2003

Division of State
Division of Corporations
Reinstatement Department
409 East Gaines St.
Tallahassee, FL 32399

To whom it may concern:

Enclosed please find a check in the amount of ~~Three Hundred~~ dollars (\$300.00) for Reinstatement of
Miami Legal Services, Inc. FEIN

TAX YEAR 2002 - 150 - & 2003 - \$150 -

Did not receive any notices due to the fact that the business moved and owner never received the
UBR. Would like late fees to be waved

Please send any future documents to the following address:

Miami Legal Services, Inc.
1735 SW 11th Street
Miami, FL 33135

Sincerely,



Ann A. Guerra