Jan 28, 2003 8:00 am Secretary of State

FILED

01-28-2003 90082 021 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P02000002282

1. Entity Name

LEGAL PROCESS, INC.



Principal Place of Business Mailing Address 7040 WEST PALMETTO PARK ROAD 7040 WEST PALMETTO PARK ROAD #4-718 #4-718 **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 26-0005071 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GONZALEZ: ORLANDO Street Address (P.O. Box Number is Not Acceptable) 250 AUSTRALIAN AVENUE SOUTH **SUITE 1601** WEST PALM BEACH FL 33401 City 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. 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete P ☐ Change X Addition NAME NAME Eric M. Garcia STREET ADDRESS STREET ADDRESS 7040 W. Palmetto Park Road, #4-718 CITY-ST-ZIP CITY-ST-ZIP Boca Raton, Florida 33433 TITLE v/s Delete TITLE ☐ Change NAME Kiran Tirthani STREET ADDRESS STREET ADDRESS 7040 W. Palmetto Park Road,#4-718 CITY-ST-ZIP CITY-ST-7IP <u>Boca Raton, Florida 33433</u> TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

(561)832-2625