

2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90203 005 ***150.00

DOCUMENT# P02000063995

1. Entity Name

LIGALEVE CORPORATION

Principal Place of Business

Mailing Address

3929 N. FEDERAL HWY
POMPAÑO BEACH FL 33064

3929 N. FEDERAL HWY
POMPAÑO BEACH FL 33064

2. Principal Place of Business

531 E. SAMPLE ROAD

3. Mailing Address

531 E. SAMPLE ROAD

Suite Apt. #, etc.

SUITE #222

Suite Apt. #, etc.

SUITE #222

DO NOT WRITE IN THIS SPACE

City & State

POMPAÑO BEACH FL

City & State

POMPAÑO BEACH FL

4. FEI Number

02-0624679

Applied For

Not Applicable

Zip

33064

Country

Zip

33064

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAX HOUSE CORPORATION

3929 N. FEDERAL HWY

POMPAÑO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

TAX HOUSE CORPORATION

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

531 E. SAMPLE ROAD

City

POMPAÑO BEACH

FL

Zip Code

33064

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)

04/30/03

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, 2003 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

TITLE **PD** ☐ Delete
 NAME **MACHADO, MARIO S**
 STREET ADDRESS **531 E. SAMPLE ROAD STE 222**
 CITY-ST-ZIP **POMPAÑO BEACH FL 33064**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/03

Date

Daytime Phone #