

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91844 006 ***150.00

DOCUMENT # P02000092609

1. Entity Name
SEBER, DANIEL J ESQ
LEGAL BROKERS CORP.



Principal Place of Business
2875 NE 191ST STREET #801
AVENTURA, FL 33180

Mailing Address
2875 NE 191ST STREET #801
AVENTURA, FL 33180

2. Principal Place of Business

3. Mailing Address

State: FL, etc.

State: FL, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

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

Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEBER, DANIEL J ESQ
DIO SEBER & ASSOCIATES, P.A.
2875 NE 191ST STREET, STE 801
AVENTURA, FL 33180

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

SIGNATURE
Signature of registered agent, if applicable (NOTE: Registered Agent Signature required when changing)

DATE

FILE NOW!!! FEE IS \$150.00.
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
ABAD, CARLOS S
STREET ADDRESS
2875 NE 191ST STREET #801
CITY-STATE-ZIP
AVENTURA, FL 33180

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

TITLE ☐ Delete
NAME
ABAD, HUGO R
STREET ADDRESS
2875 NE 191ST STREET #801
CITY-STATE-ZIP
AVENTURA, FL 33180

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

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 disclosed in 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another line so empowered.

SIGNATURE:

CARLOS SANTIAGO ABAD

4/4/2003

305-932-6262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CONTACT PHONE #

CR2003 (10/02)