

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000083662

1. Entity Name

LEGEND MORTGAGE, INC.

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90052 011 \*\*\*150.00

Principal Place of Business

Mailing Address

4801 S. UNIVERSITY DRIVE  
239  
DAVIE FL 33328  
US

11010 SPRINGFIELD PL  
COOPER CITY FL 33028-1229  
US

2. Principal Place of Business

3. Mailing Address

1141 NW 162 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Pembroke Pines FL

4. FEI Number

65-0635505

Applied For

Not Applicable

Zip

Country

Zip

Country

33028

US

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLEIN, ELLEN  
11010 SPRINGFIELD PLACE  
COOPER CITY FL 33026

Name

ELLEN KLEIN

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

1141 NW 162 Ave

City

Pembroke Pines

FL

Zip Code

33028

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, 2000 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
ELLEN KLEIN  
11010 SPRINGFIELD PLACE  
COOPER CITY FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
ELLEN KLEIN  
1141 NW 162 Ave  
Pembroke Pines FL 33028

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 11 or Block 12 if 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

3/30/00

Date

954-436-5538

Daytime Phone #

CR2E034 (9/99)