

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91210 034 ***150.00

DOCUMENT # P96000046232

1. Entity Name
ATTORNEY - CLIENT LEGAL SERVICES, INC.

Principal Place of Business

**1880 BRICKELL AVE
 MIAMI FL 33129**

Mailing Address

**1108 EAST NEWPORT CENTER DRIVE
 STE 200
 DEERFIELD BEACH FL 33482**

2. Principal Place of Business

1108 E. NEWPORT CENTER DRIVE
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
DEERFIELD BEACH, FL

City & State

4. FEI Number **65-0708314**

Applied For
 Not Applicable

Zip
33442

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**GRIMSLEY, CHARLES J
 1880 BRICKELL AVENUE
 MIAMI FL 33129**

7. Name and Address of New Registered Agent

Name

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

2421 WOODSIDE DRIVE

City
FT. LAUDERDALE

FL

Zip Code
33312

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **PD** ☒ **Delete**
NAME **SZALAY, FRANK**
STREET ADDRESS **1880 BRICKELL AVE**
CITY-ST-ZIP **MIAMI FL 33129**

TITLE **SD** ☒ **Delete**
NAME **GRIMSLEY, SAUNDRA**
STREET ADDRESS **1880 BRICKELL AVE**
CITY-ST-ZIP **MIAMI FL 33129**

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ **Change** ☒ **Addition**
NAME **ANDREW SMITH**
STREET ADDRESS **1108 E. NEWPORT CENTER DRIVE**
CITY-ST-ZIP **DEERFIELD BEACH, FL. 33442**

TITLE **SD** ☐ **Change** ☒ **Addition**
NAME **FRANK MENNELLA**
STREET ADDRESS **1108 E. NEWPORT CENTER DRIVE**
CITY-ST-ZIP **DEERFIELD BEACH, FL. 33442**

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

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

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

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

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 REQUIRE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW SMITH

4-15-02 954-596-4880

Date

Daytime Phone #

CR2E034 (9/01)