

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000035152

1. Entity Name
LEGACOL, INC.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90267 021 ***150.00

Principal Place of Business
2344 SALZEDO ST
CORAL GABLES FL 33134

Mailing Address
2344 SALZEDO ST
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2355 Salzedo St.

2355 Salzedo St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

300

300

City & State
Coral Gables, Fl.

City & State
Coral Gables, Fl.

4. FEI Number **65-0747327**

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

33134

USA

33134

USA

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

FIGUEROA, TATIANA M
2344 SALZEDO ST
CORAL GABLES FL 33134

Name
FIGUEROA, TATIANA M.

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

2355 Salzedo St

Suite 300

City
Coral Gables,

FL

Zip Code
33134

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 **Alberto J. Ortiz V.P.**

4-14-01

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, 2001 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 **D** ☐ Delete
NAME **FIGUEROA, TATIANA M**
STREET ADDRESS **2355 SALCEDO ST**
CITY-ST-ZIP **CORAL GABLES FL 33134**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **2355 Salzedo St # 300**
CITY-ST-ZIP **Coral Gables, Fl. 33134**

TITLE **VP** ☐ Delete
NAME **ORTIZ, ALBERTO J**
STREET ADDRESS **2344 SALZEDO ST**
CITY-ST-ZIP **CORAL GABLES FL 33134**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **2355 Salzedo St # 300**
CITY-ST-ZIP **Coral Gables, Fl. 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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TITLE ☐ Delete
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☐ Change ☐ Addition
TITLE
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: **Alberto J. Ortiz (VP)**

4-14-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)