

# 2002 UNIFORM BUSINESS REPORT (UBR)

2

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90069 030 \*\*\*150.00

**DOCUMENT # P97000035152**

1. Entity Name  
**LEGACOL, INC.**

Principal Place of Business

2355 SALZEDO STREET #300  
 CORAL GABLES FL 33134

Mailing Address

2355 SALZEDO STREET #300  
 CORAL GABLES FL 33134

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**APPLIED FOR**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**FIGUEROA, TATIANA M**  
**2355 SALZEDO STREET #300**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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.

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  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
 NAME **FIGUEROA, TATIANA M**  
 STREET ADDRESS **2355 SALZEDO STREET #300**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **VP** ☐ Delete  
 NAME **ORTIZ, ALBERTO J**  
 STREET ADDRESS **2355 SALZEDO STREET #300**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

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 ☐ 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

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)(f), 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 REQUIRED**

**Alberto J. Ortiz (305) 476-0104**  
**01-22-02**

Date

Daytime Phone #

CR2E034 (9/01)

05/01/97 THU 17:09 FAX

TELETYPE

Attachment

001

DATE

050197

#97000035152

## FACSIMILE TRANSMISSION

INTERNAL REVENUE SERVICE  
Atlanta Service Center  
PO Box 47-421  
Tele-TIN Unit Stop 751  
Doraville, Ga 30362

NAME AND TITLE

FAX NUMBER

Tatiana Figueroa

305-448-0178

TOTAL NUMBER OF PAGES INCLUDING THIS COVER SHEET

2

IF YOU DO NOT RECEIVE ALL THE PAGES PLEASE CALL US AT 770-455-2857 OR 770-455-2860 OR FAX US AT FAX NUMBER IS 770-455-266

COMMENTS: SEE ATTACHED SHEET FOR EMPLOYER IDENTIFICATION NUMBER AND YOU SHOULD RECEIVE WRITTEN NOTIFICATION OF YOUR EMPLOYER IDENTIFICATION NUMBER WITHIN 30 DAYS.

### CAUTION:

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AU 17:10 FAX

TELETYPE

0002 01

Attachment

#97000635152

ATTACHMENT 1

COMPANY NAME:

Legalcol Inc.

EMPLOYER IDENTIFICATION NUMBER (EIN):

65-0747327