

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000040182**

1. Entity Name

**LEGACY HOMES & INVESTMENTS III, INC.****FILED****May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90235 003 \*\*\*150.00

Principal Place of Business

965 N. NOB HILL RD.  
# 124  
PLANTATION FL 33324

Mailing Address

965 N. NOB HILL RD.  
# 124  
PLANTATION FL 33324-1078

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0754020

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, FAMIKO  
2001 NW 194 TERRACE  
MIAMI FL 33056

7. Name and Address of New Registered Agent

Name

Famiko Jones

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

23716 SW 70 Way #1

City

Davie

FL

Zip Code

33317

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.

Famiko Jones

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/00

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

TITLE  
NAME PD  
JONES, FAMIKO ☐ Delete  
STREET ADDRESS 965 NORTH NOB HILL ROAD #124  
CITY-ST-ZIP PLANTATION FL 33324TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME VP, Secretary ☐ Change ☒ Addition  
MARTINEZ, Ruth M.  
STREET ADDRESS 765 W 31 St  
CITY-ST-ZIP Hialeah, FL 33012TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Famiko Jones

Ruth M. Martinez

Date

Daytime Phone #

4-24-00 95496011

CR2E034 (9/99)