

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001571

1. Entity Name

LAWYERS LEGAL SUPPORT SERVICES, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90058 022 \*\*\*150.00

Principal Place of Business

Mailing Address

2133 SW 119 AVE  
 MIRAMAR FL 33025

2133 SW 119 AVE  
 MIRAMAR FL 33025-5661

2. Principal Place of Business

3737 SW. 8th St.

3. Mailing Address

S/A.

Suite, Apt. #, etc.

302

Suite, Apt. #, etc.

S/A.

City & State

Coral Gables, FL

City & State

S/A

Zip

33134

Country

DADE

Zip

S/A

Country

S/A.

4. FEI Number

65-0812718

Applied For

Not Applicable

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

BENENFELD, BRUCE J ESQ  
 TWO S. UNIVERSITY DR  
 STE 265  
 PLANTATION FL 33324

Name

Eduardo C. SANTANA

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

3737 SW. 8th Street

Suite #302

City

Coral Gables

FL

Zip

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SANTANA, EDUARDO	
STREET ADDRESS	2133 SW 119 AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/00

Daytime Phone #

CR2E034 (9/99)