2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 03, 2000 8:00 am Secretary of State DOCUMENT # **P98000007312** 1. Entity Name FIRST LEGAL CORPORATION 04-03-2000 90143 008 ***150.00 Principal Place of Business Mailing Address 13095 EMERALD DR 13095 EMERALD DR NORTH MIAMI FL 33181-1943 NORTH MIAM! FL 33326-1556 3. Mailing Address 2. Principal Place of Business 530 S.W. 168TH STREET 530 S.W. 168TH STREET Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0809710 Not Applicable WESTON, WESTON, FLFLCountry Zip Country \$8.75 Additional 5. Certificate of Status Desired П 33326-1556 BROWARD BROWARD Fee Required 33326~1556 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 \Box Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD Change ☐ Addition ☐ Delete TITLE TITLE HAYES, JR., H. WAYNE NAME NAME STREET ADDRESS 530 S.W. 168TH STREET STREET ADDRESS 13095 EMERALD DR., APT #3 CITY-ST-ZIP CITY-ST-ZIP WESTON, FL 33326-1556 NORTH MIAMI FL 33181 X Change Addition VSTD ☐ Delete TITLE TITLE FAZZINO, JANICE M NAME NAME 13095 EMERALD DR., APT. #3 STREET ADDRESS 530 S.W. 168TH STREET STREET ADDRESS CITY-ST-ZIP WESTON, FL 33326-1556 CITY-ST-ZIP NORTH MIAMI FL 33181 ☐ Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if all other like empowered. indicated on this report or supplemental report is to of the corporation or the receiver or truchanged, or on an attachment with address, wit

NTED NAME OF SIGNING OFFICER OR DIRECTOR

, H. WAYNE HAYES JR.