

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90334 001 \*\*\*300.00

**DOCUMENT # P98000030547**

1. Entity Name  
**LEGAL GAMES, INC.**

Principal Place of Business

**60 S.W. 13TH STREET  
 MIAMI FL 33130**

Mailing Address

**60 S.W. 13TH STREET  
 MIAMI FL 33130**

2. Principal Place of Business

**7850 NW 146 St. #422  
 Suite, Apt. #, etc.  
 422**

3. Mailing Address

**PO Box 558747  
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State  
**Miami FL**

City & State  
**Miami FL**

4. FEI Number **NOT APPLICABLE**

Applied For  
 Not Applicable

Zip  
**33016**

Country  
**Miami Dade**

Zip  
**33255**

Country  
**Miami Dade**

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

**TRAZENFELD, WARREN R ESQ  
 FIRST UNION FINANCIAL CENTER #1870  
 200 SOUTH BISCAYNE BOULEVARD  
 MIAMI FL 33131**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **PT**  
 STREET ADDRESS **RATINER, EDWIN C**  
 CITY-ST-ZIP **60 SW 13 ST  
 MIAMI FL 33130**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **7850 NW 146 St. #422**  
 CITY-ST-ZIP **Miami Lakes, FL 33016**

TITLE ☒ Delete  
 NAME **VS**  
 STREET ADDRESS **RATINER, ROBERT J**  
 CITY-ST-ZIP **1101 BRICKELL AVE #1601  
 MIAMI FL 33131**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)