

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023280

1. Entity Name

LEGAL HOLDINGS INTERNATIONAL, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90047 007 ***150.00

Principal Place of Business C/O CHRISTIAN N. SCHOLIN 505 SOUTH FLAGLER STREET SUITE 1001 WEST PALM BEACH FL 33401	Mailing Address C/O CHRISTIAN N. SCHOLIN 505 SOUTH FLAGLER STREET SUITE 1001 WEST PALM BEACH FL 33401-5949
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 505 S. Flagler Drive Suite, Apt. #, etc. Suite 400 City & State	3. Mailing Address 505 S. Flagler Drive Suite, Apt. #, etc. Suite 400 City & State
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West Palm Beach, FL Zip 33401	Country U.S.A.	West Palm Beach, FL Zip 33401	Country U.S.A.
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4. FEI Number 65-0902547	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SCHOLIN, CHRISTIAN N
505 SOUTH FLAGLER STREET
SUITE 1001
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent
 Name
Christian N. Scholin
 Street Address (P.O. Box Number is Not Acceptable)
505 South Flagler Drive
Suite 400
 City
West Palm Beach **FL** Zip Code
33401

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 DATE **4/25/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KARSISTO, ANTTI 505 SOUTH FLAGLER DRIVE, SUITE 1001 WEST PALM BEACH FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Karsisto, Antti 505 South Flagler Drive, Suite 400 West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Antti Karsisto** DATE **4/25/00** Daytime Phone # **561/655-7711**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)