

2000 UNIFORM BUSINESS REPORT (UBR)

4/11/00 10:00 AM 001 0150 00 0150 00

DOCUMENT # P99000084240

1. Entity Name

LEGAL VIDEO & GRAPHICS, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

04-21-2000 90033 021 ***150.00

Principal Place of Business

4555 PONCE DE LEON BOULEVARD
CORAL GABLES FL 33146

Mailing Address

4555 PONCE DE LEON BOULEVARD
CORAL GABLES FL 33146-1832

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0949460

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

IAN O'FLAHERTY

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

4555 PONCE DE LEON BVD

City

CORAL GABLES

FL

Zip Code

33146

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)

4/14/00

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, 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	PTD	<input type="checkbox"/> Delete
NAME	O'FLAHERTY, IAN	
STREET ADDRESS	4555 PONCE DE LEON BOULEVARD	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	JAY, JOHN	
STREET ADDRESS	4555 PONCE DE LEON BOULEVARD	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00

DATE

305-662-4295

Daytime Phone #

CR2E034 (9/99)