

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90046 033 \*\*\*\*70.00

**DOCUMENT # 744979**

1. Entity Name

**LOGIA FLORENCIO PINO #1, INC.**

Principal Place of Business

Mailing Address

**910 N.W. 22 AVE.  
 MIAMI FL 33125**

**910 N.W. 22 AVE.  
 MIAMI FL 33125-3343**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1795407**

Applied For

Not Applied For

Zip

Country

Zip

Country

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

**MENEMDEZ, CELESTINO  
 3080 SW 1 ST.  
 MIAMI FL 33135**

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

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete  
 NAME **BALADRON CESAR**  
 STREET ADDRESS **5900 SW 12 ST**  
 CITY-ST-ZIP **MIAMI, FL 00000**

TITLE **SD** ☐ Delete  
 NAME **CASTRO, NAZARIO**  
 STREET ADDRESS **61 E 38 ST**  
 CITY-ST-ZIP **HIALEAH FL**

TITLE **PD** ☐ Delete  
 NAME **CABRERA, ROBERTO**  
 STREET ADDRESS **10350 NW 30 PL**  
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Additor  
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 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *SD Castro* **CASTRO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-19-00**

Date

**649-7093**

Daytime Phone #