2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT (UBR)										
DOCUI	MENT # N02000	FILED								
LOGIA - C	ARLOS MANUEL PINEIRO D			04 AU	G-5 PM 2:2	7				
Principal Place of Business 910 NW 22 AVE MIAMI: FL 33125		Mailing Address 910 NW 22 AVE MIAMI FL 33125			SETTALL	THESE HORN	DV E			
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2. Principal Place of Business		3. Mailing Address				111 9/101/2		128		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0410	103 90043 HECK HERE IF MAKIN	NG CHANGES	77.3			
City & State		City & State			4. FEI Number	o FOR	1—1—	plied For t Applicable	}	
Zip Country		Zip	Country	5. Certificate of Status Desired S8.75 Additional					1	
**	6. Name and Address of Current	legistered Agent			7. Name and Addi	ress of New Registerer	Fee Required		1	
				Name JOSE L: LTONZALEZ						
PEDPOSA 910 NW 2	Street 7	Street Address (P.O. Box Number is Not Acceptable)								
MIAMI FL				COD W. TEMBERS						
					riami FL Zip God 3					
<ol><li>The above the obligation</li></ol>	named entity submits this statement for ions of registered agent.	or the purpose of changing its re	egistered office o	or register	ed agent, or both, in t	the State of Florida. I ar	n familiar with, a	and accept		
•	A. Si					1010	2 a lack			
SIGNATURE .	Signature, typed or printed arms of registered agent	and title if applicable. (NOTE: I	Registered Agent signa	ature required	when reinstating)	DATE	104		İ	
		,	<del>.</del>		·			•	{	
FILE NOW: FEE IS \$61.25  After September 10, 2003, min will be \$236.25  9. Election Campa Trust Fund Cont				П	\$5.00 May Be Added to Fees		ck Payable 1		İ.	
Aite oept	ember 10, 2000, mm wm be \$2	30.23	-			Florida Depa				
10.	OFFICERS AND DI		11.	1 7	ADDITIONS/CHANGE	S TO OFFICERS AND I			6	
NAME	MORO, CARLOS		NAME		300	039953		Addition -	(60/7/	
STREET ADDRESS CITY-ST-ZIP	910 NW 22 AVE Miami Fl 33125	STREET ADDRESS CITY-ST-ZIP	<sup>DRESS</sup>   08/06/0401065013 **297.50					750		
TITLE	DV	HARTE	TITLE	DF	TULID L	TORDIA	<b>℃</b> Change	Addition	i c	
NAME	GARCIA, JULIO	700	NAME		102102	AIL	25 0	7.00	ľ	
STREET ADDRESS   CITY-ST-ZIP	910 NW 22 AVE MIAMI FL 33125		STREET ADDRESS CITY-ST-ZIP	9/	JAM F	AUC 2-33120_				
TITLE	DS	Delete	TITLE	174	(		☐ Change	☐ Addition		
NAME STREET ADDRESS	GONZALEZ, JOSE L 910 NW 22 AVE		NAME STREET ADDRESS							
CITY=ST=ZIP	MIAMI FL 33125		- GITY-ST-ZIP-	ļ <del></del>		·		· · · ·	-	
TITLE	DT DEEDEGA BEDDO	elete	TITLE	D/	. 0		Change .,	Addition	1	
	PEDROSA, PEDRO 910 NW 22 AVE	. –	NAME STREET ADDRESS	PEJ	ROSA PE	DRO				
CITY-ST-ZIP	MIAMI FL 33125		CITY-ST-ZIP	910	NW SIN	MIMMI FT	. 35/2	<u> </u>		
TITLE		☐ Delete	TITLE	0/0	sero to	PIZAR	☐ Change	Addition	}	
NAME STREET ADDRESS			NAME STREET ADDRESS	1/2	10 1111/22-10	DED MINNITE PIZAR VC FZ-33/2			Ì	
CITY-ST-ZIP			CITY-ST-ZIP	17/	MIMMI	P2-33/2	13			
TITLE NAME		☐ Delete	TITLE NAME		man a graph &	TEMENT	Change	Addition		
STREET ADDRESS	÷ •	د پۇپى مەخلىلىدى سېپېچىد . سېزىيىسىپى	STREET ADDRESS	B	ENIGHTS IN	H ENGLANDER A				
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for the	CITY-ST-ZIP	ated in Sa	otion 119 07/3\/i\ ==	rida Statutos I further a	vartifu that the i-	formation	-	
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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:

QUESTATURE REQUIRED

1/22/04 6492215