


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

0007308

**DOCUMENT # N02000007080**

1. Entity Name  
**LOGIA - CARLOS MANUEL PINEIRO DEL CUETO, INC.**



FILED

04 AUG -5 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**910 NW 22 AVE  
MIAMI FL 33125**

Mailing Address  
**910 NW 22 AVE  
MIAMI FL 33125**



04/02/03 90043 004 6128  
☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. EEI Number  
**APPLIED FOR**

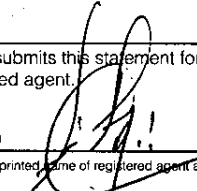
☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PEDROSA, PEDRO  
910 NW 22 AVE  
MIAMI FL 33125**

7. Name and Address of New Registered Agent  
Name **JOSE L. GONZALEZ**  
Street Address (P.O. Box Number is Not Acceptable) **3813 W. FLAGLER ST**  
City **MIAMI** FL Zip Code **33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **07/22/04**

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

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	MORO, CARLOS	
STREET ADDRESS	910 NW 22 AVE	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, JULIO	
STREET ADDRESS	910 NW 22 AVE	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GONZALEZ, JOSE L	
STREET ADDRESS	910 NW 22 AVE	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PEDROSA, PEDRO	
STREET ADDRESS	910 NW 22 AVE	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT JULIO GARCIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	910 NW 22 AVE	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP PEDROSA PEDRO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	910 NW 22 AVE	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	DP RAFAEL ALPIZAR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	910 NW 22 AVE	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:**  **SIGNATURE REQUIRED**

7/22/04 300/ 649-2215

CR2E037 (4/03)