

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094744

1. Entity Name

~~ZTAX, INC.~~ LOGITAX, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90233 023 ***150.00

Principal Place of Business

Mailing Address

9655 SOUTH DIXIE HIGHWAY
 SUITE 113
 MIAMI FL 33156

9655 SOUTH DIXIE HIGHWAY
 SUITE 113
 MIAMI FL 33156-2813

YES

00000040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4901 NW 17th WAY

9655 S DIXIE HGWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

501 SUITE

SUITE 113

City & State

City & State

FORT LAUDERDALE FL

MIAMI FL

4. FEI Number

65-0957067

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

LEISECA, EDUARDO EA
 9655 SOUTH DIXIE HIGHWAY
 SUITE 113
 MIAMI FL 33156

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

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	PD	<input type="checkbox"/> Delete
NAME	SANCHEZ, ALBERTO	
STREET ADDRESS	4901 NW 17TH WAY SUITE 501	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SANCHEZ, ANA	
STREET ADDRESS	4901 NW 17TH WAY SUITE 501	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LEISECA, EDUARDO JR	
STREET ADDRESS	9655 SO. DIXIE HIGHWAY #113	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARTIN-RIVERO, EDGAR	
STREET ADDRESS	4332 SW 146TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEISECA, EDUARDO	
STREET ADDRESS	9655 SO. DIXIE HWY, SUITE 113	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 life empowered.

SIGNATURE:

Eduardo Leiseca
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00

Date

(954) 351 2215

Daytime Phone #