

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745036

1. Entity Name

LOGIA PERSEVERANCIA DE CARDENAS, MANUEL MAZA ESC

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90046 042 ****61.25

Principal Place of Business

910 N.W. 22 AVE.
MIAMI FL 33125

Mailing Address

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

Zip

Country

Zip

Country

4. FEI Number

59-1795407

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

COBO, FRANK
590 NW 126TH ST
MIAMI FL 33168

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME PEDRO, GARCIA
STREET ADDRESS 1442 SW 118TH CT
CITY-ST-ZIP MIAMI FL 33184 ☐ Delete

TITLE DP
NAME DELGADO, LEANDRO
STREET ADDRESS 20031 NW 57 Ct.
CITY-ST-ZIP MIAMI, FL. 33015 ☒ Change ☐ Addition

TITLE DT
NAME GONZALEZ, ANGEL C
STREET ADDRESS 731 E. 47TH ST.
CITY-ST-ZIP HIALEAH FL 33013 ☐ Delete

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

TITLE DS
NAME PADILLA, CARLOS E
STREET ADDRESS 8840 FOUNTAIN BLUE BLV. APT #403
CITY-ST-ZIP MIAMI FL 33172 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 31. 2000 = (305) 681-4593

Date

Daytime Phone #

CR2E037 (9/99)