

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90008 028 ****70.00

DOCUMENT # 755098

1. Entity Name

LOGIA FRATERNIDAD INC.

Principal Place of Business

Mailing Address

% ARMANDO SALAS AMARO
910 N.W. 22ND AVENUE
MIAMI FL 33125

% ARMANDO SALAS AMARO
910 N.W. 22ND AVENUE
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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

AMARO, ARMANDO SALAS
910 N.W. 22ND AVENUE
MIAMI FL 33125

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	VD	<input checked="" type="checkbox"/> Delete
NAME	AGUSTI, JOSE ANTONIO	
STREET ADDRESS	20101 S.W. 117 COURT	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MONTALVO, JORGE SANCHEZ	
STREET ADDRESS	4500 W. 19 COURT D-331	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PELLICER, JOSE LUIS	
STREET ADDRESS	830 W. 34TH STREET	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ ZAMORA JORGE	
STREET ADDRESS	4955 N.W. 189 Terr.	
CITY-ST-ZIP	Miami Fl. 33055	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUEVAS LUIS A.	
STREET ADDRESS	3110 S.W. 26 St.	
CITY-ST-ZIP	Miami, Fl. 33133	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELLICER JOSE LUIS	
STREET ADDRESS	830 W. 34th Street	
CITY-ST-ZIP	Hialeah, Fl. 33012	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)