

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

FILED
Feb 28, 2003 8:00 am
Secretary of State

01-24-2003 90095 045 ****70.00

DOCUMENT # 766359

1. Entity Name

LOGIA LIBERTAD INC.



Principal Place of Business

**910 N.W. 22ND AVE.
MIAMI FL 33125**

Mailing Address

**910 N.W. 22ND AVE.
MIAMI FL 33125**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SANCHEZ, PABLO
910 N.W. 22ND AVE.
MIAMI FL 33125**

7. Name and Address of New Registered Agent

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **ALBERTA, CORDERA**
STREET ADDRESS **1919 NW 15TH AVE., APT. PH 2**
CITY-ST-ZIP **MIAMI FL 33125**

TITLE **VD** ☐ Delete
NAME **GRANADO, JUAN**
STREET ADDRESS **3901 SW 112TH AVE., #35**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **TD** ☐ Delete
NAME **PANGA, JOSE A**
STREET ADDRESS **2920 NW 18TH AVE., 6-B**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **VD** ☐ Delete
NAME **RIO, SANDRA**
STREET ADDRESS **2210 SW 128TH AVE.**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **SD** ☐ Delete
NAME **GREAVE, RAUL**
STREET ADDRESS **9468 SW 154TH AVE.**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **JESUS PRIETO** ☐ Change ☐ Addition
NAME
STREET ADDRESS **801 SW 133rd AVE #400 K**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE **JUAN BAUTISTA HUAMANO** ☐ Change ☐ Addition
NAME
STREET ADDRESS **1100 WEST AVE NE 1417**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **ALBERTO CORDERO** ☐ Change ☐ Addition
NAME
STREET ADDRESS **1919 NW 15TH AVE APT PH 2**
CITY-ST-ZIP **MIAMI FL 33125**

TITLE **RUBERTO UNGUAGA** ☐ Change ☐ Addition
NAME
STREET ADDRESS **2229 NW 18 AVE**
CITY-ST-ZIP **NO 442 MIAMI FL 33142**

TITLE **RAUL GREAVES** ☐ Change ☐ Addition
NAME
STREET ADDRESS **9487 SW 154 AVE**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Change ☐ 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 19.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24/03

Date

Daytime Phone #

CR2E037 (10/02)