

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90113 022 \*\*\*158.75

**DOCUMENT # K97893**

1. Entity Name  
**LOGGI ENTERPRISES, INC.**

Principal Place of Business 18051 SW 11TH CT P.O. BOX 653637 PEMBROKE PINES FL 33029 US	Mailing Address 18051 SW 11TH CT P.O. BOX 653637 PEMBROKE PINES FL 33029 US
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**00041153**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>15553 sw 25 st</b> Suite, Apt. #, etc.	3. Mailing Address <b>15553 sw. 25 st.</b> Suite Apt. #, etc.
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City & State <b>Miramar, FL.</b>	City & State <b>Miramar FL.</b>	4. FEI Number <b>65-0143385</b>	Applied For Not Applicable
Zip <b>33027</b>	Country <b>Broward</b>	Zip <b>33027</b>	Country <b>Broward</b>

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

6. Name and Address of Current Registered Agent  
**LODI, GIANNI**  
**18051 SW 11TH CT**  
**PEMBROKE PINES FL 33029**

7. Name and Address of New Registered Agent  
 Name **Paola Lodi**  
 Street Address (P.O. Box Number is Not Acceptable)  
**15553 sw 25 st.**  
 City **Miramar** FL Zip Code **33027**

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 \_\_\_\_\_ (NOTE: Registered Agent's 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	VP LODI, GIANNI 18051 SW 11TH CT PEMBROKE PINES FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LODI, PIER 18051 SW 11TH CT PEMBROKE PINES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LODI, PIER 15553 sw 25 st Miramar, FL. 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LODI, PAOLA 18051 S.W 11TH CT. PEMBROKE PINES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LODI, PAOLA 15553 sw 25 st Miramar, FL. 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: Paola Lodi **4-24-01** **954-433-0741**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)