

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000029

1. Entity Name

LOGIA "AMERICA # 175, INC."

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90076 041 ****61.25

Principal Place of Business

Mailing Address

124 NW 15TH AVENUE
MIAMI FL 33125

124 NW 15TH AVENUE
MIAMI FL 33125-5513

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

65-0379196

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

RODRIGUEZ, EMILIA
5201 N.W. 7TH ST.
#602
MIAMI FL 33126

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 VPD ☒ Delete
NAME HERNANDEZ, ISABEL
STREET ADDRESS 345 OCEAN DR
CITY-ST-ZIP MIAMI BEACH FL

TITLE PD Gonzalez, Maria M ☒ Change ☐ Addition
NAME
STREET ADDRESS 4110 NW 3 St.
CITY-ST-ZIP Miami, Fl., 33126

TITLE SD ☐ Delete
NAME BARRABES, DIGNA
STREET ADDRESS 1673 BAY RD APT 202
CITY-ST-ZIP MIAMI BEACH FL

TITLE SD Barro, Silvia ☒ Change ☐ Addition
NAME
STREET ADDRESS 2180 NW South River Drive
CITY-ST-ZIP Miami, Fl., 33125

TITLE PD ☐ Delete
NAME RIVERO, ESTRELLA
STREET ADDRESS 306 N.W. 55TH CT
CITY-ST-ZIP MIAMI FL

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

TITLE TD ☐ Delete
NAME MARTINEZ, ELIA
STREET ADDRESS 12255 SW 19TH STREET
CITY-ST-ZIP MIAMI FL

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

TITLE CD ☐ Delete
NAME TRUEBA, BEATRIZ
STREET ADDRESS 1225 SW 6 ST APT 2
CITY-ST-ZIP MIAMI FL

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

TITLE VCD ☐ Delete
NAME ABREU, ALGA
STREET ADDRESS 190 SW 13 AVE APT 305
CITY-ST-ZIP MIAMI FL

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 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

Elia Martinez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-00 305-229-8925

Date

Daytime Phone #