

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000002602**

1. Entity Name

LOGIA MANUEL OLMEDO CAMACHO, INC.**FILED****Apr 30, 2001 8:00 am**
Secretary of State

04-30-2001 90059 029 *****70.00

0040217

Principal Place of Business

**710 S.W. 73RD COURT
MIAMI FL 33144**

Mailing Address

**710 S.W. 73RD COURT
MIAMI FL 33144**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0829797

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**OLMEDO, MANUEL JR.
710 S.W. 73RD COURT
MIAMI FL 33144**

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.

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

TITLE **D** ☐ Delete
NAME **NUNEZ, PEDRO**
STREET ADDRESS **11455 W. FLAGLER**
CITY-ST-ZIP **MIAMI FL 33174**TITLE **D** ☐ Delete
NAME **JARAMILLO, JOSE**
STREET ADDRESS **310 S.W. 72ND AVE**
CITY-ST-ZIP **MIAMI FL 33144**TITLE **D** ☐ Delete
NAME **OLMEDO, MANUEL JR.**
STREET ADDRESS **5206 S.W. 102ND PLACE**
CITY-ST-ZIP **MIAMI FL 33165**TITLE **D** ☒ Delete
NAME **TRIANA, ALEJO**
STREET ADDRESS **11395 S.W. 57TH ST**
CITY-ST-ZIP **MIAMI FL 33173**TITLE **D** ☐ Delete
NAME **BOAN, RENE**
STREET ADDRESS **5701 COLLINS AVE #703**
CITY-ST-ZIP **MIAMI BEACH FL 33140**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)