

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005571

1. Entity Name

LOGIA "HIJAS DE LA ACACIA, DR. GABRIEL GARCIA GA

Principal Place of Business

124 N.W. 15TH AVE.  
MIAMI FL 33125-5513

Mailing Address

124 N.W. 15TH AVE.  
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

6. Name and Address of Current Registered Agent

CALZADILLA, FRANCISCO  
9615 S.W. 148TH CT.  
MIAMI FL 33196

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 ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PT  
CONDERO, OFELIA  
1919 N.W. 15TH AVENUE ,PH 2  
MIAMI FL 33125

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
PEREZ, MARTA  
1762 N.W. 18TH RETT.  
MIAMI FL 33125

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
LLAMAZAREZ, HILDA  
3677 S.W. 14TH STREET  
MIAMI FL 33145

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HERRERA, ESTER  
15275 S.W. 100TH COURT  
MIAMI FL 33157

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
GONZALEZ, JUANA M  
220 N.W. 58TH AVENUE  
MIAMI FL 33126

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-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*President*  
*Ofelia Cordero* 1-17-10 305-324-7750  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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

01-28-2000 90166 041 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3160127 Applied For Not Applicable

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

CR2E037 (9/99)