

# 2001 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

4. FEI Number

13-3160127

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

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

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

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

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

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

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

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

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

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

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

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

TITLE ☐ Delete  
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:

*Ofelia Condero* PT 1-N-01 324-7750  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Jan 25, 2001 8:00 am  
Secretary of State

01-25-2001 90183 047 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)