

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90826 015 \*\*\*\*61.25



**DOCUMENT # N98000005571**

1. Entity Name

**LOGIA "HIJAS DE LA ACACIA, DR. GABRIEL GARCIA GALAN, INC."**

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

**910 NW 22nd Ave**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Miami, FL**

City & State

**Miami, FL**

4. FEI Number **13-3160127**

Applied For

Not Applicable

Zip

**33125**

Country

**USA**

Zip

**33125**

Country

**USA**

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

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

**Ofelia Condero**

Street Address (P.O. Box Number is Not Acceptable)

**Log. Hijas de Acacia**

**910 NW 22nd Ave**

City

**Miami, FL 33125**

Zip Code

**33125**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/19/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	CONDERO, OFELIA	
STREET ADDRESS	1919 N.W. 15TH AVENUE, PH 2	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	T	<input type="checkbox"/> Delete
NAME	PEREZ, MARTA	
STREET ADDRESS	1762 N.W. 18TH RETT.	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	T	<input type="checkbox"/> Delete
NAME	LLAMAZAREZ, HILDA	
STREET ADDRESS	3677 S.W. 14TH STREET	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERRERA, ESTER	
STREET ADDRESS	15275 S.W. 100TH COURT	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	V	<input type="checkbox"/> Delete
NAME	GONZALEZ, JUANA M	
STREET ADDRESS	220 N.W. 58TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/19/03** Telephone #

CR2E037 (10/02)