## 2000 UNIFORM BUSINESS REPORT (JUBR)

## DOCUMENT # N99000000638

1. Entity Name

SIGNATURE:

## LOGIA ROYAL P. TERRY IND. ORDEN CABALLERO DE LA

Apr 26, 2000 8:00 am Secretary of State 03-01-2000 90027 001 \*\*\*\*61.25 Mailing Address Principal Place of Business 920 E 407H ST 920 E 40TH ST HIALEAH FL 33013-2831 HIALEAH FL 33013 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Ant. #. etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0868842 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GUIDO GALA Street Address (P.O. Box Number is Not Acceptable) GONZALEZ, DAVID 7<u>340 s.w.</u> 33144 920 E 40TH ST HIALEAH FL 33013 Zip Code 33144 MIAMI FIA 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. GUIDO GALA. 2/14/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition (66/6)Change TITI F ☐ Delete TITLE NAME NAME DTOR OSCAR RODRIGUEZ WINSTOR TOWER # 200 STREET ADDRESS STREET ADDRESS 251-174 ST. MIAMI BEACH 33160 CITY-ST-ZIP CITY-ST-ZIF <u>5610 n.w. 175 st. miami 33055</u> Change Addition TITLE - ⁵ - ♦ □ Deleta TITLE WIEL C. MORALES C MORALES NAME Œ. 10000 N.W. 80 Cr.# 2450 10000 N.W. 80 CT. # 2450 STREET ADDRESS STREET ADDRESS HIALEAH GARDEN FLA. 33016 CITY-ST-ZIP HIALEAH GARDEN FLA, 33016 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE GUIDO GALA GUIDO GALA NAME > NAME 7340 S.W. 9 ST. 7340 S.W. 9 ST. STREET ADDRESS STREET ADDRESS MIAMI FLA, 33144 CITY-ST-ZIP MIAMI FLA. 33144 CITY-SI-ZIP ☐ Change Addition Oelete TITLE DAVID GONZALEZ 型/ DAVID GONZALEZ NAME / NAME 920 E. 40 ST. 920 E. 40 ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH FLA, 33013 CITY-ST-ZIP HIALEAH FLA, 33013 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CJTY-ST-7IP 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 suppliemental 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.

2/14/2000

2/14/2000

Date

Daytime Phone #

FILED