# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** N99000000638

1. Entity Name

LOGIA ROYAL P. TERRY IND. ORDEN CABALLERO DE LA

| Principal Place of Business | Mailing Address |
|---|---|
| 920 E 40TH ST<br>HIALEAH FL 33013 | 920 E 40TH ST<br>HIALEAH FL 33013 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address | | |
|---|---|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| City & State | City & State | **4.** FEI Number 65-0868842 | Applied For / Not Applicable |
| Zip | Country | Zip | Country | 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 |
|---|---|
| GALA, GUIDO<br>7340 SW 9 ST<br>MIAMI FL 33144 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 D<br>NAME SANCHEZ, ALBERTO<br>STREET ADDRESS WINSTOR TWR #200 251-174 ST<br>CITY-ST-ZIP MIAMI FL 33160 | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE D<br>NAME WIEL, C M<br>STREET ADDRESS 10000 NW 80 CT #2450<br>CITY-ST-ZIP HIALEAH GARDENS FL 33016 | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE D<br>NAME GALA, GUIDO<br>STREET ADDRESS 7340 SW 9 ST<br>CITY-ST-ZIP MIAMI FL 33144 | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE T<br>NAME GONZALEZ, DAVID<br>STREET ADDRESS 920 E 40 ST<br>CITY-ST-ZIP HIALEAH FL 33013 | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change | ☐ Addition |

CR2E037 (10/00)

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: _____ REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #