

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90460 037 ****70.00

DOCUMENT # N99000002557

1. Entity Name

LOGIA ALBERTO CHAVEZ, INC.

Principal Place of Business

Mailing Address

**910 N.W. 22ND AVE.
 MIAMI FL 33125**

**910 N.W. 22ND AVE.
 MIAMI FL 33125**

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

59-1795407

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEIN, ANDREW
 910 N.W. 22ND AVE.
 MIAMI FL 33125**

Name

Nicolas Macias

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

1910 SW 92 AV.

City

Miami

FL

Zip Code

33165

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 ☒ Delete
 NAME **MD**
 STREET ADDRESS **NAVARRO, RAUL**
 CITY-ST-ZIP **910 N.W. 22ND AVE.
 MIAMI FL 33125**

TITLE ☒ Change ☐ Addition
 NAME **MD**
 STREET ADDRESS **NICOLAS MACIAS**
 CITY-ST-ZIP **1910 SW 92 AV.
 Miami Fla 33165**

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **RODRIGUEZ, MARIO C**
 CITY-ST-ZIP **910 N.W. 22ND AVE.
 MIAMI FL 33125**

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

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **STEIN, ANDREW**
 CITY-ST-ZIP **910 N.W. 22ND AVE.
 MIAMI FL 33125**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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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:

SIGNATURE REQUIRED

6/14/02

Date

Daytime Phone #

CR2E037 (9/01)