

2009 ANNUAL REPORT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2009
NOT-FOR-PROFIT
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000002557

1. Corporation Name

LOGIA ALBERTO CHAVEZ, INC

2. Principal Office Address - No P.O. Box #

910 NW 22 ND AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33125

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/26/1999

5. FEI Number
59-1795407

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee requires
a Certificate of Status

7. Name and Address of Current Registered Agent

Name

COBAS, HIRAM ABI

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

15014 SW 80 TERRACE

Suite, Apt. #, Etc.

City

MIAMI, FL

State

FL

Zip Code

33193

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MD	GORDILLO ROLANDO	2940 NW 18 AVE 10K	MIAMI, FL 33142
TD	STEIN ANDREW	10202 SW 191 ST	CUTLER BAY FL 33157
SD	COBAS HIRAM A.	15014 SW 80 TERR	MIAMI, FL 33193

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW STEIN

4/25/09

Date

786 229 7908

Daytime Phone #

CC 5/1