

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90017 006 ***150.00

DOCUMENT # P000000042764

1. Entity Name

LogiCorpUSA, inc

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

528 S. Edgewood Ave

8750 Perimeter Park

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste #4

Blvd

City & State

City & State

Jacksonville, FL

Jacksonville, FL

Zip

Country

Zip

Country

32205

32216

4. FEI Number

65-1001241

Applied For

Not Applicable

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

Maria Che Garcia
 1575 NW 14th St
 Miami, FL 33125

Name

Laura Shipp

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

8750 Perimeter Park Blvd

City

Jacksonville

FL

Zip Code

32216

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

Laura Shipp LAURA SHIPP

5/1/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

President
 Anne Patterson
 3946 St Johns Ave Ste 163
 Jacksonville, FL 32205

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

Laura Shipp

LAURA SHIPP for Anne Patterson

Date

Daytime Phone #

CR2E034 (11/00)