

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN -L AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000 56167
1. Entity Name LOGA ENTERPRISE INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9089 SW 19 ST
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

06/09/03--01081--016 **150.00

DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON FL
Zip
33428
Country
PALM BEACH

City & State
SAME
Zip
Country

4. FEI Number
651028993

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CLAUDIO FERNANDES
Street Address (P.O. Box Number is Not Acceptable)
9089 SW 19 ST

City BOCA RATON FL Zip Code 33428

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

6-2-03

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
CLAUDIO FERNANDES
9089 SW 19 ST
BOCA RATON FL 33428

TITLE
NAME
STREET ADDRESS
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-2-03 561 3052889

Date

Daytime Phone #

CR2E034B (12/02)