

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2002 8:00 am
Secretary of State

05-19-2002 90189 036 ***150.00

DOCUMENT # P01000036217

1. Entity Name

LOGIMEX TRADING, CORP.

Principal Place of Business

~~2789 N.W. 82ND AVE.~~
~~MIAMI FL 33122~~

Mailing Address

~~2789 N.W. 82ND AVE.~~
~~MIAMI FL 33122~~

2. Principal Place of Business

8181 NW 36th Street

3. Mailing Address

8181 NW 36th Street

Suite, Apt. #, etc.

14-D

Suite, Apt. #, etc.

14-D

City & State

Miami FL

City & State

Miami - FL

Zip

33166

Country

Zip

33166

Country

4. FEI Number

65-1095600

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALVES, VALERIO, LORETA H

~~2789 N.W. 82ND AVE.~~~~MIAMI FL 33122~~

7. Name and Address of New Registered Agent

Name

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

8181 NW 36th Street # 14-D

City Miami

FL

Zip Code

33166

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

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, 2002 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

| | | |
|----------------|--------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | DE SOUZA FILHO, MARCUS V | |
| STREET ADDRESS | 2789 N.W. 82ND AVE. | |
| CITY-ST-ZIP | MIAMI FL 33122 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | NAVAS, CELBER B | |
| STREET ADDRESS | 2789 N.W. 82ND AVE. | |
| CITY-ST-ZIP | MIAMI FL 33122 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | RODRIGUEZ, OTAVIO G | |
| STREET ADDRESS | 2789 N.W. 82ND AVE. | |
| CITY-ST-ZIP | MIAMI FL 33122 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | ALVES, LORETA H | |
| STREET ADDRESS | 2789 N.W. 82ND AVE. | |
| CITY-ST-ZIP | MIAMI FL 33122 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 all other like empowered.

SIGNATURE: *Loreta Alves*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

Date

786-486-7273

Daytime Phone #

CR2E034 (9/01)