2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

FILED May 02, 2002 8:00 am Secretary of State DOCUMENT # P01000078623 1. Entity Name LOGIC MODEL CONSULTING, INC. 05-02-2002 90009 003 ***150.00 Principal Place of Business Mailing Address 2201 NW 102 PLACE BAY #3 2201 NW 102 PLACE BAY #3 MIAMI FL 33172 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address 17580 NW 67 Place NW 67 Place 17580 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 100, 176 ا- ۱ م^ال City & State City & State Applied For Miami Lakes Lavics 1129437 Miani Not Applicable 33015 33015 Country \$8.75 Additional 5. Certificate of Status Desired Ħ Αعن Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent lua, Marcelo SILVA, MARCELO Street Address (P.O. Box Number is Not Acceptable) 2201 NW 102 PLACE BAY #3 DŁ MIAMI FL 33172 7io Code 15 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. 05/01/02 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!!-FEE-IS-\$150.00____ 10. Election Campaign Financing_ Tax filing requirement and elects to do so. **\$5.00** May Be _ After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete CR2E034 (9/01) ☐ Addition Silva, Marcelo NAME SILVA, MARCELO STREET ADDRESS 2201 NW 102 PLACE BAY #3 175 80 SW 67 PLace, No. (66) STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33172** CITY-ST-ZIP Miamilayes PL 33616 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 🗖 Deletê TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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