2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000078623

1. Entity Name
LOGIC MODEL CONSULTING, INC.

Principal Place of Business	Mailing Address
17580 NW 67 PLACE NO 1-G MIAMI LAKES, FL 33015	17580 NW 67 PLACE NO 1-G MIAMI LAKES, FL 33015

2. Principal Place of Business		3. Mailing Address	
19221 NE 10 AV #318		19221 NE 10 AV #318	
Suite, Apt. #, etc. #318		Suite, Apt. #, etc. #318	
City & State MIAMI - FL		City & State MIAMI - FL	
Zip 33179	Country USA	Zip 33179	Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1129437 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SILVA, MARCELO
17580 NW 67 PLACE
NO 1-G
MIAMI LAKES, FL 33015

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 Marcelo Luis Silva 04/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVA, MARCELO 17580 NW 67 PLACE, NO 1-G MIAMI LAKES, FL 33015	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marcelo Luis Silva 04/28/03 786-325-9710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #