

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91049 022 ***150.00

DOCUMENT # P02000021672

1. Entity Name
LLOGO'S U S A ENTERPRISES, INC.



Principal Place of Business
16450 MIAMI DRIVE STE 402
NORTH MIAMI BEACH FL 33162

Mailing Address
16450 MIAMI DRIVE STE 402
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business
300 71 ST.

3. Mailing Address
PO BOX 381613.

Suite, Apt. #, etc.
SUITE 440

Suite, Apt. #, etc.

City & State
MIAMI BEACH, FL

City & State
MIAMI, FL

Zip
33141

Country
USA

Zip
33238

Country
USA

4. FEI Number
04-3625599

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONGORA, HELODIA L
16450 MIAMI DRIVE STE 402
NORTH MIAMI BEACH FL 33162

Name
HELODIA L. LOZANO

Street Address (P.O. Box number is Not Acceptable)
300 71 ST.

SUITE 440

City
MIAMI BEACH

FL

Zip Code
33141

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.

(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
PVST
GONGORA, HELODIA L
P O BOX 381613
MIAMI FL 33238 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GONGORA, GLORIA E
AVENIDA LAS PALMAS NO 12-03
FUSAGASUGA COLUMBIA ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3059790753

CR2E034 110/02