

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

03-17-2003 90711 001 ***150.00

DOCUMENT # P02000021808

1. Entity Name
LOGIC CONSTRUCTION GROUP, INC.



Principal Place of Business
**2750 NE 183RD STREET SUITE 1403
AVENTURA FL 33060**

Mailing Address
**2750 NE 183RD STREET SUITE 1403
AVENTURA FL 33060**



2. Principal Place of Business

3. Mailing Address

1965 S. OCEAN DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12 K

City & State

HALLANDALE FL

Zip

Country

Zip

Country

33009

BROWARD

4. FEI Number

01-0606913

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

**HAGEN, KEVIN L
3531 GRIFFIN RD
FT LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

Name **BUD MANSOUR**

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

1965 S. OCEAN DR # 12K

City

HALLANDALE

FL

Zip Code

33009

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

TITLE **PSD** ☐ Delete
NAME **MANSOUR, BUD**
STREET ADDRESS **2750 NE 183RD STREET SUITE 1403**
CITY-ST-ZIP **AVENTURA FL 33060**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **BUD MANSOUR** ☐ Change ☐ Addition
NAME
STREET ADDRESS **1965 S. OCEAN DR #12K**
CITY-ST-ZIP **HALLANDALE, FL 33009**

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

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

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CITY-ST-ZIP

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 #

CR2E034 (10/02)