

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90160 008 ***150.00

DOCUMENT # P02000037453

1. Entity Name
LOGAL OF AMERICA INC.



Principal Place of Business
3530 MYSTIC POINTE DRIVE #1513
AVENTURA FL 33180

Mailing Address
3530 MYSTIC POINTE DRIVE #1513
AVENTURA FL 33180

2. Principal Place of Business

122 RIVERWALK Circle

3. Mailing Address

122 RIVERWALK Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

SUNRISE, FL

Zip

33326

Country

USA

Zip

33326

Country

USA

4. FEI Number

03-0421284

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LOPEZ, ROGER A.

3530 MYSTIC POINTE DRIVE #1513
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name Roger A. Lopez

Street Address P.O. Box Number is Not Acceptable
122 RIVERWALK Circle

City Sunrise

FL

Zip Code

33326

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.

Roger A. Lopez

(NOTE: Registered Agent signature required when reinstating)

01/29/03

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 **VD** ☐ Delete
NAME **GUILARTE, MERCEDES C**
STREET ADDRESS **3530 MYSTIC POINTE DRIVE #1513**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **PD** ☐ Delete
NAME **FERRIS, VALESKA**
STREET ADDRESS **3530 MYSTIC POINTE DRIVE #1513**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **TD** ☐ Delete
NAME **LOPEZ, CARLOS E**
STREET ADDRESS **3530 MYSTIC POINTE DRIVE #1513**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

1/29/03

Date

954-217-7464

Daytime Phone #

CR2E034 (10/02)