

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000079705

1. Entity Name
LOGICAL, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90076 041 ***150.00

Principal Place of Business 10805 NW 29TH STREET MIAMI FL 33172	Mailing Address 10805 NW 29TH STREET MIAMI FL 33172
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2. Principal Place of Business 5501 SW 147TH PL	3. Mailing Address 5501 SW 147TH PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI FL	City & State MIAMI FL
Zip 33185	Zip 33185
Country USA	Country USA

4. FEI Number 65-0448982	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DEANDREIS, RENE 10805 NW 29TH STREET MIAMI FL 33172
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7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable) 5501 SW 147TH PL City MIAMI FL Zip Code 33185
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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.

SIGNATURE <u>X</u> Signature, typed or printed name of registered agent and title if applicable.	DATE <u>X</u> (NOTE: Registered Agent signature required when reinstating)
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS CARRENO, ROBERTO 10805 NW 29TH ST MIAMI FL 33172 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS DEANDRESS, RENE A. 10805 NW 29TH ST MIAMI FL 33172 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5501 SW 147TH PL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MIAMI FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5501 SW 147TH PL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MIAMI FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: <u>Rene Deandress</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>4/10/01</u>	Daytime Phone # <u>325-597-5667</u>
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CR2E034 (10/00)