

2000 UNIFORM BUSINESS REPORT (UBR)

71

DOCUMENT # P98000057612

1. Entity Name

LOGICAL OPERATIONS, INC.

FILED
Sep 06, 2000 8:00 am
Secretary of State

07-21-2000 90157 018 ***158.75

09-06-2000 90087 016 ***400.00

Principal Place of Business

Mailing Address

12973 SOUTHWEST 112TH STREET
 SUITE 209
 MIAMI FL 33186

12973 SOUTHWEST 112TH STREET
 SUITE 209
 MIAMI FL 33186

2. Principal Place of Business

3. Mailing Address

12973 SW 112 St.

12973 SW 112 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #209

Suite #209

City & State

City & State

MIAMI, FL.

MIAMI, FL.

Zip

Country

Zip

Country

33186

U.S.A.

33186

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0846920

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
 NAME ORDONEZ, JUAN I
 STREET ADDRESS 12973 SOUTHWEST 112TH STREET
 CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN ORDONEZ Director.

07-17-2000 / 305-606-9483

Date

Daytime Phone #

CR2E034 (5/99)