## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P9900063494

1. Entity Name INTERLOGIO	C, CORP.						
Principal Place of	Business	Mailing Address					
3100 NW 72 AVE #117 MIAMI FL 33122 US		3100 NW 72 AVE #117 MIAMI FL 33122 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				

## FILED Jan 24, 2001 8:00 am Secretary of State 01-24-2001 90047 015 \*\*\*150.00

Suite, Api. 4, etc.    Suite, Api. 5, etc.   Suite, Api. 6, etc.	#117 MIAMI FL 33122 US		3100 NW 72 AVE #117 MIAMI FL 33122 US		<u> </u>	£0008586				
City & State  Country  S. Cartificate of Status Desired  Status Desired  Status Desired  Status Desired  State Address of New Registered Agent  Name  ABRAHAM, HUMBERTO  TY90 SW 129TH STREET  MAMI FL 33158  City FL Zip Code  8. The above named entity submist this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Supulus, higher private rows of registered agent and the Tapkaston  MOTE. Registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Supulus, higher private rows of registered agent and the Tapkaston  MOTE Registered Agent  City FL Zip Code  8. The above named entity submist this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Supulus, higher private rows of registered agent and the Tapkaston  MOTE Registered Agent  FLE NOW!!! FEE IS \$150.00  After MAY 1, 2001 Fee will be \$550.00  The MAKE THE NOW!!! FEE IS \$150.00  After MAY 1, 2001 Fee will be \$550.00  After MAY 1, 2001 Fee will be \$550						) (BENEST III) ISNIE ISNIE SENIE SENIE SENIE SENIE SINIE SIN				
The Application   The Applic										
ABRAHAM, HUMBERTO 7790 SW 129TH STREET MAANI FL 33156  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  Signature    Signature	Zip	Country	Zip	Zip Country		<b>5</b> . C			\$8.75 Add	itional
ABRAHAM, HUMBERTO 7790 SW 129TH STREET MIAMI FL 33156  City FL  Zip Code  City FL  Zip Co						Fee Hequir				
Type SW 129TH STREET MIAMI FL 33156  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  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so   After MAY 1, 2001 Fee will be \$550.00 After MAY 1, 2001 Fee will be			Hegistered Agent						- Agent	
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 size if applicable.  9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  After MAY 1, 2001 Fee will be \$550,00  After MAY 1, 2001 Fee will be \$550,00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  MAMI FL 33156  TITLE  MAME  STREET ADDRESS  CITY-ST-2P  Delete  TITLE  MAME  STREET ADDRESS  CITY-ST-2P  TITLE  MAME  STREET ADDRESS  CITY-ST-2P  Delete  TITLE  MAME  STREET ADDRESS  CITY-ST-2P  Change  Addition  Addition  Addition  TITLE  MAME  STREET ADDRESS  CITY-ST-2P  Change  Change  Addition  Addition  Addition  TITLE  MAME  STREET ADDRESS  CITY-ST-2P  Change  Change  Addition  Addition  Addition  TITLE  MAME  STREET ADDRESS  CITY-ST-2P  Change  Change  Addition  Addition  TITLE  MAME  STREET ADDRESS  CITY-ST-2P  Change  Change  Change	7790	SW 129TH STREET			Street Address (P.O. Box Number is Not Acceptable)					
SIGNATURE   Signalure, typed or printed nume of registered sports and side if applicable.   INOTE Registered Agent signature required when releasatorp)   DATE					City	-	<del></del>	FI	L Zip Code	9
Secritoria is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)   See crit	CIONATURE									
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS S	This corporation is eligible to satisfy its Intangible     Tax filling requirement and elects to do so.     After MAY 1		FILE NOW!	!! FEE IS	\$ \$150.00 ill be \$550.00	ate	10. Election Campaigr Trust Fund Contrib	ution.	Added	to Fees
ABRAHAM, HUMBERTO T790 SW 129TH STREET MIAMI FL 33156  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	11.	OFFICERS AND	DIRECTORS	12.		ADI	DITIONS/CHANGES TO	OFFICERS AN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME Street address	ABRAHAM, HUMBERTO 7790 SW 129TH STREET	☐ Delete	name Street	I				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	name Street	I				☐ Change	☐ Addition }
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	<del>.</del> .	. Delete	NAME STREET	ADDRESS			-	Change	☐ Addition
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NAME STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	name Street		•			☐ Change	☐ 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 strugglemental report strugglemental report is trugglemental report in the same legal effect as if made under oath; that I am an officer or director	NAME STREET ADDRESS CITY-ST-ZIP		1	NAME STREET CITY-S	T-ZIP					

indicated on this report or supplemental teport is true and accurate and matrny signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee employed 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: