

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094744

1. Entity Name

~~ZTAX, INC.~~ LOGITAX, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90233 023 ***150.00

Principal Place of Business

Mailing Address

9655 SOUTH DIXIE HIGHWAY
SUITE 113
MIAMI FL 33156

9655 SOUTH DIXIE HIGHWAY
SUITE 113
MIAMI FL 33156-2813

YES

00000040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4901 NW 17th WAY

9655 S DIXIE HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

501 SUITE

SUITE 113

City & State

City & State

FORT LAUDERDALE FL

MIAMI FL

Zip

Country

Zip

Country

33309

USA

33156-2813

USA

4. FEI Number

65-0957067

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

LEISECA, EDUARDO EA
9655 SOUTH DIXIE HIGHWAY
SUITE 113
MIAMI FL 33156

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 ☐ Delete
NAME PD
STREET ADDRESS SANCHEZ, ALBERTO
CITY-ST-ZIP 4901 NW 17TH WAY SUITE 501
FT LAUDERDALE FL

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

TITLE ☐ Delete
NAME VD
STREET ADDRESS SANCHEZ, ANA
CITY-ST-ZIP 4901 NW 17TH WAY SUITE 501
FT LAUDERDALE FL

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

TITLE ☒ Delete
NAME VD
STREET ADDRESS LEISECA, EDUARDO JR
CITY-ST-ZIP 9655 SO. DIXIE HIGHWAY #113
MIAMI FL

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

TITLE ☐ Delete
NAME SD
STREET ADDRESS MARTIN-RIVERO, EDGAR
CITY-ST-ZIP 4332 SW 146TH AVE
MIAMI FL

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

TITLE ☐ Delete
NAME TD
STREET ADDRESS LEISECA, EDUARDO
CITY-ST-ZIP 9655 SO. DIXIE HWY, SUITE 113
MIAMI FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 life empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/00 (954) 351 2215