

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90166 011 ****61.25

DOCUMENT # N00627

1. Entity Name

ORDEN CABALLERO DE LA LUZ "LOGIA MIAMI NUMERO 58

Principal Place of Business

Mailing Address

124 NW 15 AVE.
 MIAMI FL 33125

124 NW 15 AVE.
 MIAMI FL 33125-5513

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2350504

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, JUAN
1730 SW 7TH ST., APT. #1
MIAMI FL 33135

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: V <input checked="" type="checkbox"/> Delete NAME: ABREU, LUIS STREET ADDRESS: 2352 S.W. 5TH ST. CITY-ST-ZIP: MIAMI FL	TITLE: Vd Abreu, Luis <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 190 SW 13 Ave. #307 STREET ADDRESS: Mia. Fl 33135 CITY-ST-ZIP:
TITLE: SD <input type="checkbox"/> Delete NAME: GONZALEZ, JUAN STREET ADDRESS: 1730 S.W. 7TH ST. CITY-ST-ZIP: MIAMI FL	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: TD <input type="checkbox"/> Delete NAME: SERRA, RICARDO STREET ADDRESS: 445 NW 44 AVE. CITY-ST-ZIP: MIAMI FL	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: PD <input type="checkbox"/> Delete NAME: IGLESIAS, ABELARDO STREET ADDRESS: 4735 SW 4 ST CITY-ST-ZIP: MIAMI FL	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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* **Abreu V-Director 1-22-00 (305) 649-0509**

CR2E037 (9/99)