

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 25, 2002 8:00 am**
Secretary of State

02-25-2002 90089 033 ****75.00

DOCUMENT # N01000000725

1. Entity Name

LUZ EN EL DESIERTO, INC.

Principal Place of Business

**10891 GLADIOLUS DRIVE
FT MYERS FL 33908**

Mailing Address

**10891 GLADIOLUS DRIVE
FT MYERS FL 33908**

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

52-2309878

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

**GARCIA, J GUADALUPE
4796 DUERA MAE DRIVE
FT MYERS FL 33908**

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 \$61.259. 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

TITLE	DP	☐ Delete
NAME	SAUCEDO, ARISTEO H	
STREET ADDRESS	15615 HAGEE DRIVE	
CITY-ST-ZIP	FT MYERS FL 33908	

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

TITLE	DV	☐ Delete
NAME	SANCEDO, MARIA E	
STREET ADDRESS	4796 DUERA MAE DRIVE	
CITY-ST-ZIP	FT MYERS FL 33908	

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

TITLE	DS	☐ Delete
NAME	GARCIA, ELBA I	
STREET ADDRESS	4796 DUERA MAE DRIVE	
CITY-ST-ZIP	FT MYERS FL 33908	

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

TITLE	ST	☐ Delete
NAME	GARCIA, J GAUDALUPE	
STREET ADDRESS	4796 DUERA MAE DRIVE	
CITY-ST-ZIP	FT MYERS FL 33908	

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		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ 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****GUADALUPE, GARCIA****2-14-2002-(941)433-2870**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)