DOCUMENT # N04072

N04072

1. Entity Name

FEDERACION DE LOGIAS UNIDAS DE LA ORDEN CABALLER

FILED

00 FEB 24 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
124 NW 15TH AVE MIAMI FL 33125 US	124 NW 15TH AVE P.O. BOX 350056 MIAMI FL 33125-5513 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	124 NW 15 Ave. Suite, Apt. #, etc.
City & State	Miami, Fl.
Zip / Country	33125-5513 / U.S.A.

4. FEI Number 59-2424591 — 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
GONZALEZ, JUAN R. 1781 NW 16TH TERRACE MIAMI FL 33125	Name Street Address (P.O. Box Number Is Not Acceptable) City

400003155684--4
-03/03/00--01086--014
*****61.25 *****61.25

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
TITLE: PD NAME: PASTOR, MARIA L STREET ADDRESS: 3541 SW 13 TERR CITY-ST-ZIP: MIAMI FL 33145 ☒ Delete	TITLE: PD NAME: Quiros, Miriam E. STREET ADDRESS: 444 SW 64 Ct. CITY-ST-ZIP: Miami, Fl., 33144 ☒ Change ☐ Addition
TITLE: VPD NAME: BRAVO, SALVADOR STREET ADDRESS: 1892 SALERMO CIRCLE CITY-ST-ZIP: FT LAUDERDALE FL 33327 ☒ Delete	TITLE: VPD NAME: Rodriguez, Luis STREET ADDRESS: 152 SW 30 Ct. CITY-ST-ZIP: Miami, Fl., 33135 ☒ Change ☐ Addition
TITLE: SD NAME: QUIROS, MIRIAM E STREET ADDRESS: 444 SW 64 CT CITY-ST-ZIP: MIAMI FL 33144 ☒ Delete	TITLE: SD NAME: Portuondo, Jorge STREET ADDRESS: 124 NW 15 Ave. CITY-ST-ZIP: Miami, Fl., 33125-5513 LS ☒ Change ☐ Addition
TITLE: TD NAME: FERNANDEZ, EMILIO STREET ADDRESS: 15430 SW 308 ST CITY-ST-ZIP: LEISURE CITY FL 33033 ☒ Delete	TITLE: TD NAME: Pastor, Adalberto STREET ADDRESS: 3543 SW 13 Terrace CITY-ST-ZIP: Miami, Fl., 33145 ☒ Change ☐ Addition
TITLE: CD NAME: MEDINA, MANUEL STREET ADDRESS: 560 NW 59TH AVENUE CITY-ST-ZIP: MIAMI FL ☒ Delete	TITLE: CD NAME: Cortes, Gregorio STREET ADDRESS: 560 NW 60 Ct. CITY-ST-ZIP: Miami, Fl., 33126 ☒ Change ☐ Addition
TITLE: PD NAME: HERNANDEZ, LUIS STREET ADDRESS: 4610 SW 5 TERRACE CITY-ST-ZIP: MIAMI FL ☒ Delete	TITLE: PPD NAME: Pastor, Maria L. STREET ADDRESS: 3543 SW 13 Terrace CITY-ST-ZIP: Miami, Fl., 33145 ☒ Change ☐ Addition

CR2E037 (9/99)

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: Jorge Portuondo, Secretary 1-13-00 305-642-4337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #