

DOCUMENT # NU4072

1. Entity Name

NU4072

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 124 NW 15TH AVE MIAMI FL 33125 US		Mailing Address 124 NW 15TH AVE P.O. BOX 350068 MIAMI FL 33125-5513 US	
2. Principal Place of Business		3. Mailing Address 124 NW 15 Ave.	
Suite, Apt., #, etc.		Suite, Apt., #, etc.	
City & State		City & State Miami, FL	
Zip	Country	Zip	Country
33125-5513	U.S.A.		
4. FEI Number 59-2424591		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent GONZALEZ, JUAN R. 1781 NW 16TH TERRACE MIAMI FL 33125		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400003155684--4 City -03/03/00 FL 33125 Zip Code 33125	
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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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD PASTOR, MARIA L 3541 SW 13 TERR MIAMI FL 33145 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Quiros, Miriam E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 444 SW 64 Ct. Miami, Fl., 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRAVO, SALVADOR 1892 SALERMO CIRCLE FT LAUDERDALE FL 33327 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Rodriguez, Luis <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 152 SW 30 Ct. Miami, Fl., 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD QUIROS, MIRIAM E 444 SW 64 CT MIAMI FL 33144 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Portuondo, Jorge <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 124 NW 15 Ave. Miami, Fl., 33125-5513 LS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FERNANDEZ, EMILIO 15430 SW 308 ST LEISURE CITY FL 33033 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Pastor, Adalberto <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3543 SW 13 Terrace Miami, Fl., 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MEDINA, MANUEL 560 NW 59TH AVENUE MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Cortes, Gregorio <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 560 NW 60 Ct. Miami, Fl., 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, LUIS 4610 SW 5 TERRACE MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD Pastor, Maria L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3543 SW 13 Terrace Miami, Fl., 33145

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 #

CR2E037 (9/99)