

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90131 001 ****61.25

DOCUMENT # N04072

1. Entity Name

**FEDERACION DE LOGIAS UNIDAS DE LA ORDEN CABALLER
 O DE LA LUZ, INC.**

Principal Place of Business

Mailing Address

**124 NW 15TH AVE
 MIAMI FL 33125-5513
 US**

**124 NW 15TH AVE
 MIAMI FL 33125-5513
 US**

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

59-2424591

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 R.
 1781 NW 16TH TERRACE
 MIAMI FL 33125**

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

TITLE NAME	PD QUIROS, MIRIAM E	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	444 S.W. 64 COURT	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE NAME	VPD RODRIGUEZ, LUIS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	152 S.W. 30TH COURT	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE NAME	SD PORTUNONDO, JORGE	<input type="checkbox"/> Delete
STREET ADDRESS	124 N.W. 15 AVENUE	
CITY-ST-ZIP	MIAMI FL 33125-5513	
TITLE NAME	TD PASTOR, ADALBERTO	<input type="checkbox"/> Delete
STREET ADDRESS	3543 S.W. 13 TERRACE	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE NAME	CD CORTES, GREGORIO	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	560 N.W. 60TH COURT	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE NAME	PPD PASTOR, MARIA L	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3543 S.W. 13 TERRACE	
CITY-ST-ZIP	MIAMI FL 33145	

TITLE NAME	PD Rodriguez, Luis	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	152 SW 30 Ct.	
CITY-ST-ZIP	Mia., Fl., 33135	
TITLE NAME	VPD Quevedo, Rafael	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	651 SE 8 St.	
CITY-ST-ZIP	Hia., Fl., 33010	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	CD Martinez, Angel J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	650 SE 7 Pl.	
CITY-ST-ZIP	Hia., Fl., 33010	
TITLE NAME	PPD Quiros, Miriam E.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	444 SW 64 Ct.	
CITY-ST-ZIP	Mia., Fl., 33144	

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 Portunondo, Secretary* 1-30-02 (305) 642-4337

CR2E037 (9/01)