

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90013 013 \*\*\*\*61.25

**DOCUMENT # N48625**

1. Entity Name

**LICEO LA LUZ, INC.**

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

**65-0343801**

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

**DIAZ, TALAVERA, MARIO**  
 140 NW 32 AVE.  
 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARTINEZ MAS, MANUEL E.</b>	
STREET ADDRESS	<b>9701 SW 6TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33175</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HERNANDEZ, LUIS</b>	
STREET ADDRESS	<b>4610 SW 5 TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33134</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PORTUONDO, JORGE</b>	
STREET ADDRESS	<b>124 NW 15 AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33125</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MEDINA, MANUEL</b>	
STREET ADDRESS	<b>560 N.W. 59TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PASTOR, ADALBERTO</b>	
STREET ADDRESS	<b>3543 SW 13 TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>QUINTERO, JESUS</b>	
STREET ADDRESS	<b>7389 S WATERWAY DR</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D. Quiros, Miriam</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>444 SW 64 Ct.</b>	
STREET ADDRESS	<b>Miami, Fl., 33144</b>	
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: *Manuel Martinez Mas (Manuel) Martinez (President)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-14-00**  
 Daytime Phone #: **305-229-8925**

CR2E037 (9/99)