

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04072

Entity Name: FEDERACION DE LOGIAS UNIDAS DE LA ORDEN CABALLERO DE LA LUZ, INC.**FILED**
Jan 15, 2013
Secretary of State
CC5656417080**Current Principal Place of Business:**124 NW 15TH AVE
MIAMI, FL 33125**Current Mailing Address:**124 NW 15TH AVE
MIAMI, FL 33125 US**FEI Number: 59-2424591****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GONZALEZ, JUAN R
1781 NW 16TH TERRACE
MIAMI, FL 33125 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PPD
Name	JANE, ALBERTO C
Address	6780 WEST 2ND COURT # 315
City-State-Zip:	HIALEAH FL 33012

Title	PD
Name	PEREZ, NERIDA
Address	10745 SW 32ND ST.
City-State-Zip:	MIAMI FL 33165

Title	VPD
Name	SANCHEZ, JORGE
Address	8520 NW 139TH TERRACE # 1609
City-State-Zip:	MIAMI LAKES FL 33016

Title	TD
Name	PASTOR, ADALBERTO
Address	2983 SW 21ST ST.
City-State-Zip:	MIAMI FL 33145

Title	SD
Name	MARTIN, FLORENCIO
Address	124 NW 15 AVE.
City-State-Zip:	MIAMI FL 33125

Title	CD
Name	DIAZ, ZOA E
Address	274 NW 40TH CT
City-State-Zip:	MIAMI FL 33126

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ADALBERTO PASTOR**T****01/15/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date