

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04072

Entity Name: FEDERACION DE LOGIAS UNIDAS DE LA ORDEN CABALLERO DE LA LUZ, INC.**FILED**
Feb 09, 2024
Secretary of State
1397956231CC**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	S.D.
Name	GONZALEZ, JUAN R.
Address	1781 NW 16TH TERRACE
City-State-Zip:	MIAMI FL 33125

Title	CD
Name	MEDINA, MANUEL
Address	124 NW 15TH AVE
City-State-Zip:	MIAMI FL 33125

Title	PPD
Name	HERNANDEZ, ELBA
Address	3001 SW 80TH. AVE.
City-State-Zip:	MIAMI FL 33155

Title	TD
Name	ZAMORA, DAYSI SR.
Address	7410 SW 149 CT.
City-State-Zip:	MIAMI FL 33193

Title	PPD
Name	RODRIGUEZ, JORGE
Address	1850 NW 34TH. AVE.
City-State-Zip:	MIAMI FL 33125

Title	PD
Name	MEDINA, FELIX RAMON
Address	511 S/PONCIANA BLVD. 104
City-State-Zip:	MIAMI SPRING FL 33166

Title	VPD
Name	SANCHEZ, ODALYS SR.
Address	124 NW 15 AVE.
City-State-Zip:	MIAMI FL 33125

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: JUAN R. GONZALEZ**SD****02/09/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date