

**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