

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90018 013 ****70.00

DOCUMENT # 756713

1. Entity Name

GRAN LOGIA DE LA FLORIDA, ORDEN CABALLERO DE LA LUZ, INC.

Principal Place of Business

Mailing Address

**1701-1703 N.W. 17TH AVENIA
 MIAMI FL 33125**

**1701-1703 N.W. 17TH AVENIA
 MIAMI FL 33125**

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

59-1577006

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

**PEREA, SILVIO P
 620 SW 62ND COURT
 MIAMI FL 33144**

Name **Silvio Pastor Perea**

Street Address (P.O. Box Number is Not Acceptable)

620 S.W. 62 Ct.

City **Miami**

FL

Zip Code
33144

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

Treasurer

Silvio Pastor Perea

02/02/02

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 **D** ☐ Delete
 NAME **RAMIREZ, ALBERTO J**
 STREET ADDRESS **1601 NW 36 AVE**
 CITY-ST-ZIP **MIAMI FL 33125**

TITLE **D. SILVIO CORDOVA** ☐ Change ☒ Addition
 NAME **14280 S.W.23 St.**
 STREET ADDRESS **Miami Fl. 33175**
 CITY-ST-ZIP

TITLE **VD** ☒ Delete
 NAME **GUTIERREZ, ALEJANDRO**
 STREET ADDRESS **4346 CREST DELE ST**
 CITY-ST-ZIP **PALM BEACH FL 33410**

TITLE **V.D JULIAN ASION** ☐ Change ☒ Addition
 NAME **269 Palm Ave.**
 STREET ADDRESS **Miami Beach Fl. 33139**
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **RAMIREZ, OLGA N**
 STREET ADDRESS **1601 NW 36 AVE**
 CITY-ST-ZIP **MIAMI FL 33125**

TITLE **S. OLGA NANCY RAMIREZ** ☐ Change ☒ Addition
 NAME **1601 N.W. 36 Ave.**
 STREET ADDRESS **Miami Fl. 33125**
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **SILVIO, CORDOVA**
 STREET ADDRESS **14690 SW 49TH ST**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE **T. SILVILIO PASTOR PEREA** ☐ Change ☒ Addition
 NAME **620 S.W. 62 Ct.**
 STREET ADDRESS **Miami Fl. 33144**
 CITY-ST-ZIP

TITLE **PD** ☒ Delete
 NAME **PEREZ, JUAN F**
 STREET ADDRESS **5325 NE 1ST TERRACE**
 CITY-ST-ZIP **FT LAUDERDALE FL 33155**

TITLE **P.D. ALBERTO J. RAMIREZ** ☐ Change ☒ Addition
 NAME **1601 N.W. 36 Ave**
 STREET ADDRESS **Miami Fl. 33125**
 CITY-ST-ZIP

TITLE **V** ☒ Delete
 NAME **FERNANDEZ, GLADYS**
 STREET ADDRESS **8310 SW 37TH ST**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Silvio Pastor Perea
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/02/02

305-266-2027

Date Daytime Phone #

CR2E037 (9/01)