

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90238 001 *****8.75
01-24-2003 90238 002 *****61.25

DOCUMENT # 756713

1. Entity Name

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



Principal Place of Business

1701-1703 N.W. 17TH AVENUE
MIAMI FL 33125

Mailing Address

1701-1703 N.W. 17TH AVENUE
MIAMI FL 33125

2. Principal Place of Business

1701-03 N.W. 17 AVE.

MIAMI FL 33.25

3. Mailing Address

1701-03 N.W. 17 AVE.

MIAMI FLA. 33125



☒ CHECK HERE IF MAKING CHANGES

City & State

MIAMI FLORIDA

Zip Country

33157

City & State

MIAMI FLORIDA

Zip Country

33157

Country

date

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

SILVIO, PAREA PAST.
620 SW 62ND COURT
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name

MARGARITA ALPIZAR

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

160 N.W. 59 CT.

City

MIAMI

FL

Zip Code

33126

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Margareta Alpizar

(NOTE: Registered Agent signature required when reinstating)

DATE

1-17-07

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida 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** ☒ Change ☐ Addition
NAME **MORA, ORLANDO C.**
STREET ADDRESS **19701 S.E. 110 CT. # 626**
CITY-ST-ZIP **MIAMI FLA. 33157**

TITLE **VD** ☐ Delete
NAME **ASION, JULIAN**
STREET ADDRESS **269 PALM AVENUE**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **VD** ☒ Change ☐ Addition
NAME **NARANJO, ELADIO**
STREET ADDRESS **901 OMAR ROAD**
CITY-ST-ZIP **WEST PALM BEACH FLA. 33405**

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

TITLE **S** ☒ Change ☐ Addition
NAME **GONZALEZ, JUAN FCO.**
STREET ADDRESS **10490 S.W.S 12 TERR.**
CITY-ST-ZIP **MIAMI FLA. 33174**

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

TITLE **T** ☒ Change ☐ Addition
NAME **ALPIZAR, MARGARITA**
STREET ADDRESS **160 N.W. 59 CT.**
CITY-ST-ZIP **MIAMI FLA. 33126**

TITLE **PD** ☐ Delete
NAME **RAMIREZ, ALBERTO J**
STREET ADDRESS **1601 NW 36TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33125**

TITLE **PD** ☒ Change ☐ Addition
NAME **CORDOVA, SILVIO**
STREET ADDRESS **6471 S.W. 8 ST**
CITY-ST-ZIP **MIAMI FLA. 33144**

TITLE **T** ☐ Delete
NAME **SILVIO, PAREA PASTOR**
STREET ADDRESS **620 S.W. 62ND COURT**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE **T** ☒ Change ☐ Addition
NAME **ALPIZAR, MARGARITA**
STREET ADDRESS **L60 N.W. 59 CT.**
CITY-ST-ZIP **MIAMI FLA. 33126**

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 Cordova **REQUIRED**

1-17-03 305-545-6054

CR2E037 (10/02)