

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

0064813

DOCUMENT # N00000001916

1. Entity Name

**FARO DE LUZ INTERNACIONAL A MINISTRY OF CENTRO C
 RISTIANO LATINOAMERICANO GETSEMANI ASAMBLEAS DE**

03-28-2002 90134 018 ****70.00

Principal Place of Business Mailing Address
 4424 N W 13TH STREET 4424 N W 13TH STREET
 SUITE A-11 SUITE A-11
 GAINESVILLE FL 32609 GAINESVILLE FL 32609

2. Principal Place of Business 3. Mailing Address
 404 NW 14 AVE 404 NW 14 AVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
 GAINESVILLE FL GAINESVILLE, FL 59-3164570 Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional
 32601 USA 32601 USA Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
 ROJAS, RAMON J
 3631 N W 19TH STREET
 GAINESVILLE FL 32605
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 (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	PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROJAS, RAMON J		NAME		
STREET ADDRESS	3631 N W 19TH STREET		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32605		CITY-ST-ZIP		
TITLE	TT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZAMOT, JOSE M		NAME		
STREET ADDRESS	7318 N W 52ND TERRACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32653		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLORES, JOSE J		NAME		
STREET ADDRESS	2007 SW 73 STREET		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32607		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: RAMON J. ROJAS 3/19/02 (352) 378-0078
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)