

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

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90236 027 ****70.00

DOCUMENT # N00000004928

1. Entity Name

UNA LUZ EN EL CAMINO, INC.



Principal Place of Business

**9264 ESTATE COVE CIR
RIVERVIEW FL 33569**

Mailing Address

**9264 ESTATE COVE CIR
RIVERVIEW FL 33569**

20007663



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3680708**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FEBRES, NICOLAS
9264 ESTATE COVE CIR
RIVERVIEW FL 33569**

7. Name and Address of New Registered Agent

Name

N/A

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

SIGNATURE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	FEBRES, NICOLAS REV	
STREET ADDRESS	9264 ESTATE COVE CIR	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FEBRES, HILDA	
STREET ADDRESS	9264 ESTATE COVE CIR	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GUTIERREZ, ANA	
STREET ADDRESS	2919 ST CONRAD ST	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

CR2E037 (10/02)

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 I/we empowered.

SIGNATURE: *NICOLAS FEBRES* **NICOLAS FEBRES** 1/12/2003 813-623-2266