

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2001 8:00 am**  
**Secretary of State**

07-17-2001 90001 025 \*\*\*\*61.50

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**DOCUMENT # N00000006166**

1. Entity Name

**MINISTERIO LUZ DEL MUNDO, INC.**

Principal Place of Business

**10001 SW 12 STREET  
 MIAMI FL 33174**

Mailing Address

**10001 SW 12 STREET  
 MIAMI FL 33174**

LA

ADDITIV



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0874968**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SORA, EFRAIN  
 10001 SW 12 STREET  
 MIAMI FL 33174**

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

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  
 After September 12, 2001, min. will be \$236.25**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SORA, EFRAIN E	
STREET ADDRESS	10001 SW 12 STREET	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SORA, ROXANA F	
STREET ADDRESS	10001 SW 12 STREET	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SORA, CRISTINA B	
STREET ADDRESS	10001 SW 12 STREET	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D/T/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAUL FERREYRA	
STREET ADDRESS	16160 SW 84 PL	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	<del>CLARA FERREYRA</del> D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARA FERREYRA	
STREET ADDRESS	16160 SW 84 PL	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	<del>ANNE GARCIA</del> D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIA GARCIA	
STREET ADDRESS	14800 SW 81 ST.	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE	<del>PEDRO GARCIA</del> D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEDRO GARCIA	
STREET ADDRESS	14800 SW 84 PL.	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVA GARCIA	
STREET ADDRESS	6667 MILLER DR. UNIT 701	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE EFRAIN E. SORA** 7-10-01 305-227-3876

CR2E037 (5/01)