2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000006166

1. Entity Name

MINISTERIO LUZ DEL MUNDO, INC.

Principal Place of Business	Mailing Address
10001 SW 12 STREET MIAMI FL 33174	10001 SW 12 STREET MIAMI FL 33174

FILED Jul 07, 2002 8:00 am Secretary of State 07-07-2002 90065 014 ****61.25

Principal Place of Business Mailing Address													
	10001 SW 12 STREET 10001 SW 12 STREET MIAMI FL 33174 MIAMI FL 33174					ι) V (#)						
Principal Place of Business 3. Mailing Address													
Suite, Apt. #, etc. Suite, Apt. #, etc.								DO NOT WRIT	E IN THIS	SPACE			
City & State City & State				4. FEI Number					A	pplied For			
Zip		Country	Ziţ)	ntry		65-0874968 Not A						
						5. Certificate of Status Desired Fee Required							
	6. Name	and Address of Curren	t Registere	ed Agent		Maria		7. Name and Add					
-	. —-			والمستريد المستويد المستويد	1	Name							
SORA, EFRAIN						Street Address (P.O. Box Number is Not Acceptable)							
10001 SW 12 STREET MIAMI FL 33174										1 = 0			
						City				FL	Zip Cod	de	
8. The above	named entit	y submits this statement f	or the purp	ose of changing its	registere	d office o	r register	ed agent, or both, in	the state of Flor	rida.	•		
į													
SIGNATURE												}	
SIGNATORE 1:		or printed name of registered agen	t and title if app	licable. (NOTE	: Registered	Agent signa	ture required	When reinstating)		DATE			
								•					
FILE NOW: FEE IS \$61.25 9. Election Campaig Trust Fund Contri					_		\$5.00 May Be Added to Fees			k Payable nt of Stat			
10.		OFFICERS AND D	RECTORS		11.		Δ	DDITIONS/CHANG	ES TO OFFICER	RS AND DI	RECTORS IN	 v 10	
TITLE	PD			☐ Delete	TITLE]		20 10 011 102		☐ Change	☐ Addition	
NAME	SORA, EFI	RAIN E			NAME							_	
STREET ADDRESS	10001 SW	12 STREET				T ADDRESS							
CITY-ST-ZIP	MIAMI FL	33174			CITY-	ST-ZIP							
TITLE	DTV	DAM		☐ Delete	TITLE						☐ Change	Addition	
NAME STREET ADDRESS	FERREYRA 16160 SW				NAME	T ADDRESS							
CITY-ST-ZIP	MIAMI FL					ST-ZIP						}	
TITLE	D	70 (0)		☐ Delete	TITLE	 -	05	 	- •		Change	☐ Addition	
NAME	FERREYRA	, CLARA			NAME		FEAR	EGRA, CL	ALA		_ •		
STREET ADDRESS	16160 SW					T ADDRESS	1616	0 SW 84	PL				
CITY-ST-ZIP	MIAMI FL	33157			CITY-	ST-ZIP	MIA	MI, EL	<u> 33/57</u>				
TITLE	DS	ADIA		Delete	TITLE						Change	☐ Addition	
NAME STREET ADDRESS	GAMEZ, M 14800 SW				NAME	T ADDRESS							
CITY-ST-ZIP	MIAMI FL 3					ST-ZIP							
TITLE	D	N 190		Delete	TITLE						☐ Change	Addition	
NAME	GAMEZ, PE	EDRO		- O31616	NAME								
STREET ADDRESS	14800 SW				STREE	T ADDRESS							
CITY-ST-ZIP	MIAMI FL 3				CITY-	ST-ZIP							
TİTLE '	D	. ,	. ^	☐ Delete*	TITLE	-	*	F	J. 7		☐ Change	☐ Addition	
NAME	GARCIA, E				NAME								
STREET ADDRESS CITY-ST-ZIP		R DR. UNIT 701				T ADDRESS					-	ì	
ON 1 - 01 - 41	MIAMI FL 3	31 5 0			GHT-	ST-ZIP	l						

12. I hereby certify that the information supplied with this filling 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 exprovered 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 appaddrass with all other like empowered.

SIGNATURE:

<u> 305-227-3876</u>