

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/2

**FILED**  
**Jun 21, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90034 011 \*\*\*\*70.00

DOCUMENT # **11 000 0000 6533**

1. Entity Name  
**Luz a las Naciones Inc**

Principal Place of Business Mailing Address  
**7522 S.W 135 Place**  
**Miami, Fla 33183**

2. Principal Place of Business 3. Mailing Address  
**7522 SW 135 Place** **7522 SW 135 Place**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Miami Fla**

City & State **Miami Fla**

4. FEI Number  
**65-1061729**

Applied For  
 Not Applicable

Zip  
**33183**

Country  
**USA**

Zip  
**33183**

Country  
**USA**

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

**Manuel J. Bacallao**  
**7522 SW 135 Place**  
**Miami Fla 33183**

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 **M. Bacallao (President)**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agents signature required when reinstating)

DATE

**05/07/01**

**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 **President** ☐ Delete  
 NAME **Manuel J. Bacallao**  
 STREET ADDRESS **7522 SW 135 Place**  
 CITY-ST-ZIP **Miami Fla 33183**

☐ Change ☐ Addition

TITLE **Vice-President** ☐ Delete  
 NAME **Volanda Bacallao**  
 STREET ADDRESS **7522 SW 135 Place**  
 CITY-ST-ZIP **Miami Fla 33183**

☐ Change ☐ Addition

TITLE **Secretary/Treasurer** ☐ Delete  
 NAME **Raul M. Bacallao**  
 STREET ADDRESS **7522 S.W 135 Place**  
 CITY-ST-ZIP **Miami Fla 33183**

☐ Change ☐ Addition

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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: **M. Bacallao** **Manuel J. Bacallao (President)** **5/7/01** **385-9104**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)