## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 20, 2000 8:00 am Secretary of State **DOCUMENT # N00919** 1. Entity Name ORDEN CABALLERO DE LA LUZ, "LOGIA REGRESO A CUBA 01-20-2000 90131 004 \*\*\*\*61.25 Mailing Address Principal Place of Business 124 NW 15 AVE. 124 NW 15 AVE. ... MIAMI FL 33125-5513 MIAMI FL 33125 tis 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2361403 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HERNANDEZ, CONSTANTINO 43 NW 65 AVE MIAMI FL 33126 Zip Code \*1. · · · · · · 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) Signature, typed or printed name of registered agent and title if applicable Make Check Pavable to 9. Election Campaign Financing \$5.00 May Be \* FILE NOW: Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE Delete PD TITLE PD NAME CAMEJO, LUISE NAME MACIAS, NICOLAS STREET ADDRESS 12401 W OCKECHOBEE RD LOT 56 STREET ADDRESS 1910 SW 92 Ave.Miami, Fl., 33165 CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 Change ☐ Addition TITI F TITLE TOTAL VPD: X Delete VPD Ferreiro, Ramon NAME PALOMO, JESUS E NAME: 15102 SW 148 Ave. STREET ADDRESS STREET ADDRESS 3625 NW 12 TERR CITY-ST-ZIP Miami, Fl., 33196 CITY-ST-ZIP MIAM! FL 33125 Change ☐ Addition TITLE Detete TITLE SD Portuondo, Jorge NAME PADILLA, FLORENTINO NAME 124 NW 15 Ave. STREET ADDRESS STREET ADDRESS 511 E 47 ST CITY-ST-7IP Miami, Fl., 33125-551 CITY-ST-ZIP HIALEAH FL 33013 ☐ Change Addition ☐ Delete TITLE TITLE NAME PASTOR, ADALBERTO NAME -STREET ADDRESS **3541 SW 13 TERRACE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33145 ☐ Change **X** Addition ☐ Delete TITLE SD CD Padillà, Florentino TITLE NAME PADILLA, FLORENTINO NAME 1919 NW 15 Ave. # 908 STREET ADDRESS STREET ADDRESS ,1381 NW 33 STREET v CITY-ST-ZIP Miami, Fl., 33125 CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS 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.

Torge Portuondo, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-642-4337

Daytime Phone #