

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90241 001 ***61.25

DOCUMENT # N00919

1. Entity Name

**ORDEN CABALLERO DE LA LUZ, "LOGIA REGRESO A CUBA
NUMERO 334, INC**



Principal Place of Business

**124 NW 15 AVE.
MIAMI FL 33125
US**

Mailing Address

**124 NW 15 AVE.
MIAMI FL 33125
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-2361403**

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

**HERNANDEZ, CONSTANTINO
43 NW 65 AVE
MIAMI FL 33126**

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. 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

\$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** ☒ Delete
NAME **MACIAS, NICOLAS**
STREET ADDRESS **1910 SW 92N AVE**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **Gordillo, Rolando D** ☐ Change ☐ Addition
NAME **2940 NW 18 Ave #10K**
STREET ADDRESS **Miami, FL 33142**
CITY-ST-ZIP

TITLE **VPD** ☒ Delete
NAME **FERREIRO, RAMON**
STREET ADDRESS **15102 SW 148 AVE**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE **Invierno, Emeterto** ☐ Change ☐ Addition
NAME **493 E 20 St #1**
STREET ADDRESS **Hia, FL 33013**
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **PORTUONDO, JORGE**
STREET ADDRESS **124 NW 15 AVE**
CITY-ST-ZIP **MIAMI FL 33125-5513**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **PASTOR, ADALBERTO**
STREET ADDRESS **3541 SW 13 TERRACE**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CD** ☐ Delete
NAME **PADILLA, FLORENTINO**
STREET ADDRESS **1919 NW 15 AVE #908**
CITY-ST-ZIP **MIAMI FL 33125**

TITLE **Alvarado, Rene** ☐ Change ☐ Addition
NAME **2534 SW 3 ST**
STREET ADDRESS **Mia, FL 33135**
CITY-ST-ZIP

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Jose R. Ponce-Reyes** Secretary 1-21-03 305-642-4331

CR2E037 (10/02)