

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90187 046 ****66.25

DOCUMENT # N07756

1. Entity Name

**LOGIA LUZ DE WEST PALM BEACH #322 ORDEN CABALLER
 O DE LA LUZ, INC.**

Principal Place of Business

**4121 GARDEN AVENUE
 WEST PALM BEACH FL 33405**

Mailing Address

**4121 GARDEN AVENUE
 WEST PALM BEACH FL 33405**

UUU1000J

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1932699

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

GRACIA, PEDRO

927 LAUREL DR.

LAKE PARK FL 33403

**135 MANCHINEEL CT
 ROYAL PALM BEACH
 FL - 33411**

7. Name and Address of New Registered Agent

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

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** ☐ Delete
 NAME **GRACIA, PEDRO**
 STREET ADDRESS **135 MANCHINEEL CT**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **DV** ☐ Delete
 NAME **GARCIA, FRANCISCO**
 STREET ADDRESS **630 WINTER ST.**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **DAT** ☒ Delete
 NAME **GONZALEZ, JUAN MANUEL**
 STREET ADDRESS **113 AINSWORTH CIR**
 CITY-ST-ZIP **PALM SPRINGS FL**

TITLE **SD** ☐ Delete
 NAME **FUENTES, ANDRES**
 STREET ADDRESS **411 ADMORE RD.**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **T** ☐ Delete
 NAME **GARCIA, FRANCISCO E. JR.**
 STREET ADDRESS **630 WINTER ST.**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
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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 another like empowered.

SIGNATURE:

PEDRO GRACIA - 1-10-02 753 0928

CR2E037 (9/01)