

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35908

1. Entity Name

ASOCIACION FRATERNAL LA LUZ, INC.

Principal Place of Business

JOSE RODRIGUEZ  
17845 NW. 81 CT  
MIAMI FL 33015

Mailing Address

JOSE RODRIGUEZ  
17845 NW. 81 CT  
MIAMI FL 33015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

65-0171831

Applied For

Not Applicable

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

RODRIGUEZ, JOSE  
17845 N.W. 81 CT  
MIAMI FL 33015

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RODRIGUEZ, JOSE 17845 N.W. 81 CT. MIAMI FL 33015	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BRAVO, SALVADOR 1892 SALERMO CIRCLE WESTON FORT LAUD FL 33327	<input checked="" type="checkbox"/> Delete	TITLE DTP NAME STREET ADDRESS CITY-ST-ZIP	ENRIQUE M. MONROY 17845 NW 81 APT# 112 HAILEAH FL 33015 (305-421-7603) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BRAVO, DULCE M 1892 SALERMO CIRCLE WESTON FORT LAUD FL 33327	<input checked="" type="checkbox"/> Delete	TITLE DS NAME STREET ADDRESS CITY-ST-ZIP	FERNANDO GARGES 3800 SW 126 AV. MIRAMAR FL 33027 PHONE 305 447-6117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	RICOBERTO VALDEZ 4520 NW 176 ST. CATHOLIC CITY FL 33055 PHONE 305 6240764 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	JUAN M BARRANCO P.O. BOX 28634 MIA LRAH FL 33002-8634 PHONE 305 882-1327 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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: DT-Jose Rodriguez 4-30-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

305-819-7123

CR2E037 (10/00)