

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 29, 2001 8:00 am
Secretary of State

05-14-2001 90037 023 ****61.25

DOCUMENT # N35908

1. Entity Name

ASOCIACION FRATERNAL LA LUZ, INC.

Principal Place of Business

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 \$61.259. 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 DT
NAME RODRIGUEZ, JOSE
STREET ADDRESS 17845 N.W. 81 CT.
CITY-ST-ZIP MIAMI FL 33015 ☐ DeleteTITLE DPT
NAME BRAVO, SALVADOR
STREET ADDRESS 1892 SALERMO CIRCLE
CITY-ST-ZIP WESTON FORT LAUD FL 33327 ☒ DeleteTITLE DS
NAME BRAVO, DULCE M
STREET ADDRESS 1892 SALERMO CIRCLE
CITY-ST-ZIP WESTON FORT LAUD FL 33327 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE DTP
NAME ENRIQUE M. MONROY
STREET ADDRESS 1950 W 4th St apt 1112
CITY-ST-ZIP HIALEAH FL 33012
PHONE 305-421-7603 ☒ Change ☒ AdditionTITLE DS
NAME FERNANDO GARGES
STREET ADDRESS 3800 SW 126 AV.
CITY-ST-ZIP MIAMI FL 33027
PHONE 1954 447-6111 ☒ Change ☐ AdditionTITLE D.
NAME RIGOBERTO VALDEZ
STREET ADDRESS 4520 NW 176 ST.
CITY-ST-ZIP CAROL CITY FL 33055
PHONE 305 624 0764 ☐ Change ☒ AdditionTITLE D.
NAME JUAN M BARRANCO
STREET ADDRESS P.O BOX 28634
CITY-ST-ZIP HIALEAH FL 33002-8634
PHONE 305 882-1327 ☐ Change ☒ AdditionTITLE
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: *DT-Signature Required* **RODRIGUEZ** 4-30-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-819-7123

CR2037 (10/00)