

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91723 026 ****61.25

DOCUMENT # N39402

1. Entity Name

**GRAN LOGIA MIXTA DE LENGUA ESPANOLA PARA LOS EE
 UU DE N. A. INC.**

Principal Place of Business

Mailing Address

2040 S.W. 123RD COURT
 MIAMI FL 33175
 US

2040 S.W. 123RD COURT
 MIAMI FL 33175
 US

2. Principal Place of Business

3. Mailing Address

9115 SW 123 Court

9115 SW 123 Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33186

USA

33186

USA

4. FEI Number

65-0268006

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

PUENTES, DAXIE-ISSE
 2040 S.W. 123RD COURT
 MIAMI FL 33175

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 ☐ Delete
 NAME D
 STREET ADDRESS PUENTES, DAXIE-ISSE
 CITY-ST-ZIP 2040 S.W. 123RD CT
 MIAMI FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 9115 SW 123 Court
 CITY-ST-ZIP Miami, FL 33186

TITLE ☐ Delete
 NAME D
 STREET ADDRESS RASOLETTI, JUDITH
 CITY-ST-ZIP 13721 S.W. 74TH ST
 MIAMI FL

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS WELARZ, YASMINA
 CITY-ST-ZIP 3895 SW 126 COURT
 MIAMI FL 33175

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 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:

Signature of Daxie-Isse Puentes
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02 305 348-1792
 Date Daytime Phone #

CR2E037 (9/01)