

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

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90250 028 ****75.00

DOCUMENT # N94000004118



1. Entity Name
MINISTERIO LUZ A LAS NACIONES INC.

Principal Place of Business
**3500 HIBISCUS PLACE
MIRAMAR FL 33023
US**

Mailing Address
**3500 HIBISCUS PLACE
MIRAMAR FL 33023
US**

00012373



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **65-0514978**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**HERNANDEZ, ROSMIRA
3500 SW HIBISCUS PL
MIRAMAR FL 33023**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	HERNANDEZ, ROSMIRA	
STREET ADDRESS	3500 HIBISCUS PLACE	
CITY-ST-ZIP	MIRAMAR F;	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	MEJIA, PATRICIA	
STREET ADDRESS	7300 NW 1ST BLDG 6 202	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	CADENAS, LOISA C	
STREET ADDRESS	3500 HIBISCUS PLACE	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEJIA, PATRICIA	
STREET ADDRESS	7300 N.W. 1ST, #202	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DV, T Angel Alvarez	
STREET ADDRESS	2808 29 Lane Green Acres	
CITY-ST-ZIP	Lake worth, FL 33463	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T Angel Alvarez	
STREET ADDRESS	2808 29 Lane Green ACRES	
CITY-ST-ZIP	Lake worth fl 33463	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **ROSMIRA HERNANDEZ** Date: **2-11-03** Daytona Phone #: **954-964-3891**

CR2E037 (10/02)