

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90070 036 ****66.25

DOCUMENT # **N98000000683**

1. Entity Name
JESUCRISTO Camino de Luz INC.

DO NOT WRITE IN THIS SPACE

656713

2. Principal Place of Business
157 Hillsblous rd
Suite, Apt. #, etc.

3. Mailing Address
517 peppermill cir
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
KISSIMMEE FL
Zip
34781
Country
US

City & State
KISSIMMEE FL
Zip
34758
Country
US

4. FEI Number
593491480
Applied For
☐ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
LUCENA JOHN
Street Address (P.O. Box Number is Not Acceptable)
517 peppermill cir
City
KISSIMMEE FL Zip Code
34758

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

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	LUCENA JOHN 517 peppermill cir KISSIMMEE, FL 34758 DP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GOMEZ JUAN 8057 ELM STONE CIR ORLANDO FL 32809 DT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DE LA ROSA AMPARO 506 Royal Palm KISSIMMEE FL 34743 DS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOLANTE SILVIA 517 peppermill cir KISSIMMEE, FL 34758 T
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GOMEZ ELISABETH 8057 ELM STONE CIR ORLANDO FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOLANTE CIRIO 748 LUCAYA DR KISSIMMEE FL 34758 T

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-02-02 407 578-1111

CR2E037B (12/01)