2000 UNIFORM BUSINESS REPORT (UBR)

5/30/00-90012-006-$61.25-$61.25

DOCUMENT # N99000007202

1. Entity Name

JESUS LA LUZ DEL MUNDO, INC.

Principal Place of Business	Mailing Address
1050 S. 56TH AVENUE HOLLYWOOD FL 33023	1050 S. 56TH AVENUE HOLLYWOOD FL 33023

2. Principal Place of Business	3. Mailing Address	
Same as above	Same as above	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number **52-2218677** — Applied For / Not Applicable
Zip / Country	Zip / Country	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
ZAPATA, DAVID 317 S.W. 67TH TERRACE PEMBROKE PINES FL 33021	Name **Same** 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		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Sila A. Ortiz - D 6831 Charleston St. Hollywood, FL 33024	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Elizabeth Flores - D 5109 Washington St. Hollywood, FL 33021	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deacon David Zapata - D 317 S.W. 67th Terrace Pembroke Pines, FL 33021	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: _____ Elizabeth Flores   4/28/00 - 954-845-2374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone # (office)