## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 28, 2002 8:00 am DOCUMENT # N99000007202 Secretary of State 1. Entity Name 05-28-2002 91618 046 \*\*\*\*61.25 JESUS LA LUZ DEL MUNDO, INC. Mailing Address Principal Place of Business 6414 PEMBROKE RD 6414 PEMBROKE RD MIRAMAR FL 33023 MIRAMAR FL 33023 3. Mailing Address 2. Principal Place of Business 6714 STIRLING RD 6914 STIRLING DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FFI Number City & State HOlly wood 52-2218677 Not Applicable Olly wood \$8.75 Additional Country Country 5. Certificate of Status Desired BROWDRO 33*0*24 Fee Required . 33*024* BROward 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) ZAPATA, DAVID 317 S.W. 67TH TERRACE 6831 CHARLESTON ST PEMBROKE PINES FL 33021 Holly wood 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 -Make Check-Payable to -9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (9/01)☐ Addition Change Delete TITLE Hernundez, Ketty TD TITLE NAME ORTIZ, SILA A 6434 CUSTER ST NAME STREET ADDRESS STREET ADDRESS 6831 CHARLESTON ST. Holly wood 71 33024 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33024 CARMEN YAMBO 45205W 365+ 2 Change ☐ Addition Delete TITLE NAME flores, Elizabeth NAME STREET ADDRESS STREET ADDRESS 5109 WASHINGTON ST. HONLY WOOD 71 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 MIGHEL PINEITO ☐ Addition Delete TITLE TITLE NAME ZAPATA, DAVID NAME STREET ADDRESS Holly wood 71. 33023 STREET ADDRESS 317 S.W. 67TH TERRACE CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33021 OLAnda ORTiz Addition ☐ Delete 6831 CHARLESTONST -NAME.\_ STREET ADDRESS STREET ADDRESS Hollywood 21. 33024 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

Daviling Phone 4