

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087629

1. Entity Name  
LIGHT GLOW, INC.

Principal Place of Business  
8363 LAKE DRIVE  
SUITE H 407  
MIAMI FL 33166

Mailing Address  
8363 LAKE DRIVE  
SUITE H 407  
MIAMI FL 33166

2. Principal Place of Business  
7442 SW 56 Ave  
Suite, Apt. #, etc.  
3

3. Mailing Address  
7442 SW 56 Ave  
Suite, Apt. #, etc.  
3

City & State  
Miami FL

City & State  
Miami FL

Zip 33143 Country Dade

Zip 33143 Country Dade

4. FEI Number 65-1041397 Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

MURILLO, SANDRA  
8363 LAKE DRIVE  
SUITE H 407  
MIAMI FL 33166

## 7. Name and Address of New Registered Agent

Name Moritza Gody  
Street Address (P.O. Box Number is Not Acceptable)  
7442 SW 56 Avenue Apt 3  
City Miami FL Zip Code 33143

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 *Moritza Gody*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/29/2001  
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE PD  
NAME MURILLO, SANDRA  
STREET ADDRESS 8363 LAKE DRIVE SUITE 407  
CITY-ST-ZIP MIAMI FL 33166 ☒ Delete

TITLE VD  
NAME CARETT, JOSE  
STREET ADDRESS 8363 LAKE DRIVE SUITE 407  
CITY-ST-ZIP MIAMI FL 33166 ☒ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Moritza Gody ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7442 SW 56 Avenue Apt #3  
CITY-ST-ZIP Miami FL 33143

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

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

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Moritza Gody*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/2001 305 666 4709  
Date Daytime Phone #

FILED  
Apr 05, 2001 8:00 am  
Secretary of State

04-05-2001 90028 030 \*\*\*150.00

00051060



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)