

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90058 018 ***150.00

DOCUMENT # P02000064337



1. Entity Name
ANGELS FOR LUZ CENTER, CORP.

Principal Place of Business
**2260 W 80TH ST UNIT #1
HIALEAH FL 33016**

Mailing Address
**2260 W 80TH ST UNIT #1
HIALEAH FL 33016**



2. Principal Place of Business
4310 SW 8th ST
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 143718
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
CORAL GABLES

City & State
CORAL GABLES, FL

4. FEI Number
32-0019446

Applied For
 Not Applicable

Zip
33134

Country
MIAMI-DADE

Zip
33114

Country
MIAMI-DADE

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

**SAVASINI, LUZ J
2260 W 80TH ST UNIT #1
HIALEAH FL 33016**

Name
SAME
Street Address (P.O. Box Number is Not Acceptable)
4310 SW 8th ST
City **CORAL GABLES** FL Zip Code **33134**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	SAVASINI, LUZ J	
STREET ADDRESS	2260 W 80TH ST UNIT #1	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SAVASINI, ANGEL J	
STREET ADDRESS	2260 W 80TH ST UNIT #1	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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: *Luza Savasini*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-03
Date

305-556-9088
Daytime Phone #

CR2E034 (10/02)