

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90148 020 \*\*\*158.75

**DOCUMENT # P99000009278**

1. Entity Name  
**FUENTE DE LUZ, INC.**

Principal Place of Business Mailing Address  
**9020 SW 17 TERRACE 9020 SW 17 TERRACE**  
**MIAMI FL 33165 MIAMI FL 33165-7822**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0891707** Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ALFONSO, MARIO**  
**9020 SW 17 TERRACE**  
**MIAMI FL 33165**

Name  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PTD	ALFONSO, MARIO	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	9020 SW 17 TERRACE		
CITY-ST-ZIP	MIAMI FL 33165		
<input type="checkbox"/> Delete			
VPSD	ALFONSO, MILAGRO	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	9020 SW 17 TERRACE		
CITY-ST-ZIP	MIAMI FL 33165		
<input type="checkbox"/> Delete			
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Mario Alfonso **REQUIRED** Date: 4-23-00 Daytime Phone #: (305) 559-0137

CR2E034 (9/99)