

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90645 020 \*\*\*150.00

**DOCUMENT # P00000028102**

**1. Entity Name**  
**LUNABEL CORP.**

**Principal Place of Business**  
**709 BREAKERS AVE**  
**FORT LAUDERDALE FL 33304**

**Mailing Address**  
**709 BREAKERS AVE**  
**FORT LAUDERDALE FL 33304**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **65-0994170**

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**

**LEDUC, REJEAN**  
**1001 NORTH FEDERAL HWY.**  
**SUITE 202**  
**HALLANDALE FL 33009**

Name

**RENA DESROSIER**

Street Address (P.O. Box Number is Not Acceptable)

**709 BREAKERS AV.**

City

**FT LAUDERDALE**

**FL**

Zip Code

**33304**

**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**

*Rena Desrosiers*

**RENA DESROSIER**

*Secretary*

**3/14/02**

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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**

**TITLE** **PD** ☐ Delete  
**NAME** **FIONDA, COSIMO**  
**STREET ADDRESS** **8415 ALME-RENAUD, ST. LEONARD,**  
**CITY-ST-ZIP** **QUEBEC H1P 2T8, CANADA FL 33009**

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

**TITLE** **STD** ☐ Delete  
**NAME** **DESROSIER, RENA**  
**STREET ADDRESS** **8415 ALME-RENAUD, ST. LEONARD,**  
**CITY-ST-ZIP** **QUEBEC H1P 2T8, CANADA FL 33009**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
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**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:**

*Rena Desrosiers*

**RENA DESROSIER**

*Secretary*

**3/14/02**

**954-565-1143**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0306870 AV

CR2E034 (9/01)