

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90319 033 \*\*\*150.00

**DOCUMENT # P00000033730**

1. Entity Name  
**LUNA VILLAGE.COM, INC.**

Principal Place of Business

**2451 BRICKELL AVENUE  
 SUITE 2J  
 MIAMI FL 33129**

Mailing Address

**2451 BRICKELL AVENUE  
 SUITE 2J  
 MIAMI FL 33129**

2. Principal Place of Business

**1461 MANTUA AVE**  
 Suite, Apt. #, etc.

3. Mailing Address

**1461 MANTUA AVE**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**CORAL GABLES, FL**

City & State

**CORAL GABLES, FL**

4. FEI Number

**65-1030460**

Applied For

Not Applicable

Zip

**33146**

Country

Zip

**33146**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**ROMERO, LINA  
 755 NW 72ND AVENUE LOBBY 21  
 MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name

**ROM. LEENA HEIMAN**

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

**1461 MANTUA AVE.**

City

**CORAL GABLES**

**FL**

Zip Code

**33146**

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

(NOTE: Registered Agent signature required when reinstating)

4/12/02  
 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

TITLE **DPT** ☐ Delete  
 NAME **ROMERO, LINA**  
 STREET ADDRESS **755 NW 72ND AVENUE LOBBY 21**  
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☒ Change ☐ Addition  
 NAME **LEENA HEIMAN**  
 STREET ADDRESS **1461 MANTUA AVE.**  
 CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE **DV** ☐ Change ☒ Addition  
 NAME **RANDY HEIMAN**  
 STREET ADDRESS **1461 MANTUA AVE.**  
 CITY-ST-ZIP **CORAL GABLES, FL 33146**

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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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: *Leena Heiman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02  
 Date

Daytime Phone #

CR2E034 (9/01)