

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91584 042 \*\*\*150.00

**DOCUMENT #** P00000049320

1. Entity Name

LUNA NUEVA, INC.

Principal Place of Business

Mailing Address

125 WOODCREST LANE  
 KEY BISCAYNE, FL 32149

125 WOODCREST LANE  
 KEY BISCAYNE, FL 32149

2. Principal Place of Business

8040 NW 66TH STREET

Suite, Apt. #, etc.

3. Mailing Address

8040 NW 66TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-1008529

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

US

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CALVO, LIZABETH F  
 328 CRANDON BLVD, STE 226  
 KEY BISCAYNE, FL 33149

7. Name and Address of New Registered Agent

Name

RODOLFO ZUBERBUHLER

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

8040 NW 66TH STREET

City

MIAMI

FL

Zip Code

33166

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

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. ☐

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
 NAME MIERES, GONZALO  
 STREET ADDRESS 8040 NW 66TH ST  
 CITY-ST-ZIP MIAMI, FL 33166 ☐ Delete

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

TITLE P  
 NAME ZUBERBUHLER, RODOLFO I  
 STREET ADDRESS 8040 NW 66TH ST  
 CITY-ST-ZIP MIAMI, FL 33166 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-01

Date

305-253-0092

Daytime Phone #

CP2E034 (10/00)