FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 14, 2002 8:00 am § Secretary of State DOCUMENT # P00000064624 1. Entity Name 05-14-2002 90337 039 ***150.00 LUNA MORTGAGE & LOAN CORP. Principal Place of Business Mailing Address 120 CORKWOOD BLVD. 120 CORKWOOD BLVD. HOMOSASSA FL 34446 HOMOSASSA FL 34446 2. Principal Place of Business Mailing Address SNUG ISLAND 774 SNUG ISLAM Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State MEERIZWATER BEACH FL 4. FEI Number Applied For FL. CLEARWATER BEACH 22-3771459 Not Applicable Zip Country Country \$8.75 Additional 33767-1831 5. Certificate of Status Desired PIMELAS 33769-1831 PINELAS Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JUNA. KOBERT LUNA, ROBERT Street Address (P.O. Box Number is Not Acceptable) 120 CORKWOOD BLVD. HOMOSASSA FL 34446 774 SNUG ISCAND City (LEARWATER BEACH Zip Code 33267-/83/ 8. The above named entity su ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 BEACH TITLE ☐ Delete TITLE LUNA, ROBERT ☐ Change ☐ Addition NAME LUNA, ROBERT NAME 774- SNUG ISLAND STREET ADDRESS 136 CRYSTAL BEAACH BLVD STREET ADDRESS CITY-ST-ZIP MORICHES NY 11955-1907 CLEARWATER BEACH FL 33767-18 CITY-ST-7/P TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 🗖 Delete TITLE Change * Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 export 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 recover or trustee impowered 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

E AND PIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Date

Daytime Phone #

☐ Change

[Addition

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Slease Note.

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to BEACH BLUD incorrect

It penaly arrived to
our new address in bla
Sat may 4th

See May 4th

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delay
Thank you

Bot Lina...