

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91600 002 ***150.00

DOCUMENT # PO1 000038664
1. Entity Name
MOON LIGHT CLEANING, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4689 N.W. 9 Street **3. Mailing Address** 4689 N.W. 9 Street

Suite, Apt. #, etc. B-109 Suite, Apt. #, etc. B-109

City & State Miami, Florida City & State Miami, Florida

Zip 33126 Country U.S.A. Zip 33126 Country U.S.A.

4. FEI Number 65-1096241 **Applied For**
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CARLOS HERNANDEZ

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

4689 N.W. 9 Street, # B-109

City Miami, Florida **FL** **Zip Code** 33126

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] Carlos Hernandez / Registered Agent

05-08-2002

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 President / Treasurer
NAME Juan Luna
STREET ADDRESS 4689 N.W. 9 Street, # B-109
CITY-ST-ZIP Miami, Florida, 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice-President / Secretary
NAME Rina Hernandez
STREET ADDRESS 4689 N.W. 9 Street, # B-109
CITY-ST-ZIP Miami, Florida, 33126

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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 on an attachment with an address, with a power of attorney or other like empowered.

SIGNATURE: [Signature] Juan Luna / President

05-08-2002

(305) 298-8582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)