FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90292 003 ***150.00

656798

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000050940

1. Entity Name
LUNAZUL ENTERPRISE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3801 SOUTH OCEAN DR	3801 SOUTH OCEAN DR
Suite, Apt. #, etc: #7R	Suite, Apt #, etc: #7R
City & State: HOLLYWOOD FL	City & State: HOLLYWOOD FL
Zip: 33019 Country:	Zip: 33019 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1106901

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: ALFREDO PEREZ
Street Address (P.O. Box Number is Not Acceptable): 3801 SOUTH OCEAN DR #7R
City: HOLLYWOOD FL 33019

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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

Due by May 1 ... Fee is $150.00 ... After May 1, Fee is $550.00 ... Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00

11. OFFICERS AND DIRECTORS

TITLE: PRESIDENT NAME: ALFREDO PEREZ STREET ADDRESS: 570 S PARK RD CITY-ST-ZIP: HOLLYWOOD FL 33021	TITLE: PRESIDENT NAME: ALFREDO PEREZ STREET ADDRESS: 3801 SOUTH OCEAN DR #7R CITY-ST-ZIP: HOLLYWOOD FL 33019
TITLE: VICE PRESIDENT NAME: LUCIA NAVARRO STREET ADDRESS: 570 S PARK RD CITY-ST-ZIP: HOLLYWOOD FL 33021	TITLE: VICE PRESIDENT NAME: LUCIA NAVARRO STREET ADDRESS: 3801 SOUTH OCEAN DR #7R CITY-ST-ZIP: HOLLYWOOD FL 33019
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DO NOT WRITE IN THIS SPACE

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 all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR