

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED

03 MAR 17 PM 4:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P01000087095**

1. Entity Name  
**GUILLERMO LUNA CORPORATION**



Principal Place of Business  
**1255 FAIRLAKE TRACE #310  
WESTON FL 33328**

Mailing Address  
**1255 FAIRLAKE TRACE #310  
WESTON FL 33328**

2. Principal Place of Business  
**1960 ANDROMEDA LN**

3. Mailing Address  
**PO BOX 268718**

Suite, Apt. #, etc.

City & State  
**WESTON FL**

City & State  
**WESTON FL**

Zip  
**33327**

Country  
**USA**

Zip  
**33327-8718**

Country  
**USA**



102/04/03 90111 010 158.75

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**LUNA, GUILLERMO  
1255 FAIRLAKE TRACE #310  
WESTON FL 33328**

4. FEI Number  
**65-1135759**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

Name  
**GUILLERMO L. LUNA**

Street Address (P.O. Box Number is Not Acceptable)  
**1960 ANDROMEDA LN**

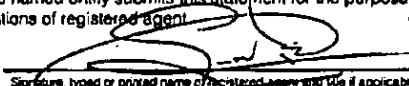
City  
**WESTON**

State  
**FL**

Zip Code  
**33327**

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. I am familiar with, and accept the obligations of registered agent.

*Same agent, only address change*

SIGNATURE  DATE **Jan 31<sup>st</sup> / 2003**

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

**FILE NOW!!! FEE IS \$150.00**  
~~After May 1, 2003 Fee will be \$550.00~~

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD LUNA, GUILLERMO 1255 FAIRLAKE TRACE #310 WESTON FL 33328</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1960 ANDROMEDA LN WESTON FL 33327</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with authority empowered.

SIGNATURE:  DATE **Jan 31<sup>st</sup> / 2003** (954) 2173009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)