

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90140 019 ***150.00

DOCUMENT # P02000058513

1. Entity Name

DAVID & LUNA INC



Principal Place of Business

4812 PINETREE DR #30
MIAMI BEACH FL 33140

Mailing Address

4812 PINETREE DR #30
MIAMI BEACH FL 33140

2. Principal Place of Business

3475 SHERIDAN STREET

3. Mailing Address

3475 SHERIDAN STREET

Suite, Apt. #, etc.

SUITE 215 A

Suite, Apt. #, etc.

SUITE 215 A

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

Zip

33021

Country

USA

Zip

33021

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

73-1643011

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVID, PAOLA

4812 PINETREE DR #30

MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name

PAOLA DAVID

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

3475 SHERIDAN STREET SUITE 215A

City

HOLLYWOOD

FL

Zip Code

33021

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.

SIGNATURE PAOLA DAVID

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/01/2003

DATE

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	P	<input type="checkbox"/> Delete
NAME	DAVID, PAOLA	
STREET ADDRESS	4812 PINETREE DR #30	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	V	<input type="checkbox"/> Delete
NAME	LUNA, MARIA M	
STREET ADDRESS	4812 PINETREE DR #30	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	T	<input type="checkbox"/> Delete
NAME	GIRALDO, CHRISTIAN	
STREET ADDRESS	4812 PINETREE DR #30	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	S	<input type="checkbox"/> Delete
NAME	HERRERA, MARIA M	
STREET ADDRESS	4812 PINETREE DR #30	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID, PAOLA	
STREET ADDRESS	3475 SHERIDAN ST. SUITE 215A	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNA, MARIA M	
STREET ADDRESS	3475 SHERIDAN ST. SUITE 215A	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIRALDO, CHRISTIAN	
STREET ADDRESS	3475 SHERIDAN ST. SUITE 215A	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRERA, MARIA M	
STREET ADDRESS	3475 SHERIDAN ST. SUITE 215A	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 the 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 all other like empowered.

SIGNATURE: PAOLA DAVID

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/01/2003

Date

786-6836200

Daytime Phone #

CR2E034 (10/02)