

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

FILED

03 AUG 27 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000018007

1. Entity Name

CELUNCO, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

120 E. OAKLAND PARK BL

3. Mailing Address

3031 NE 51 ST

Suite, Apt. #, etc.

#105

Suite, Apt. #, etc.

#301-W

City & State

FT. LAUD., FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

65 047 3507

Applied For

Not Applicable

Zip

33334

Country

USA

Zip

33308-4326

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CECILIA N. LUESCHER

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

3031 NE 51 ST #301-W

City

FORT LAUDERDALE

FL

Zip Code

33308

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 President
NAME CECILIA N. LUESCHER
STREET ADDRESS 3031 NE 51 ST #301
CITY-ST-ZIP FT. LAUDERDALE, FL 33308-4326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200022588692
03/27/03--01010--002 **550.00

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

8/14/03

Date

Daytime Phone #

CR2E034B (12/02)