

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 18, 2000 8:00 am**
Secretary of State

05-18-2000 90283 013 ***150.00

DOCUMENT # P95000037421

1. Entity Name

LUNARMA LIMOUSINE SERVICE CORP.

Principal Place of Business

Mailing Address

9471 S.W. 15th STREET
MIAMI FL 33174**9471 S.W. 15th STREET**
MIAMI FL 33174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0582034

Applied for

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SORO, MANUEL A.**9471 S.W. 15th STREET**
MIAMI FL 33174

Name

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

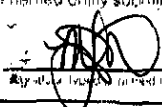
City

FL

Zip Code

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

By  (Printed name of registered agent and state agent)

(NOTE: Registered Agent signature required when registering)

4/28/009. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE MONTHLY FEE IS \$150.00****FILE ANNUAL FEE IS \$1,500.00****ANNUAL FEE IS \$1,500.00**10. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be**
Added to Fees**11. OFFICERS AND DIRECTORS**☐ Delete

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
PSD	SORO, MANUEL A.	9471 S.W. 15th STREET	MIAMI FL 33174

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

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TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11☐ Change ☐ Addition

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

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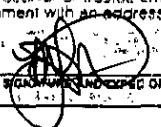
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 Block 12 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

By  (Printed name of signing officer or director)

Date

Filing Date

4/28/00

CR 2000 10000