

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2001 8:00 am**  
**Secretary of State**

06-02-2001 90009 047 \*\*\*150.00

**DOCUMENT # P95000078744**

1. Entity Name

**LUNA MORTGAGE SERVICES, INC.**

Principal Place of Business

Mailing Address

~~16062 SW 104 TERRACE~~

~~16062 SW 104 TERRACE~~

~~MIAMI FL 33196~~

~~MIAMI FL 33196~~

US ~~12952 SW 133 Ct.~~

US ~~12952 SW 133 Ct.~~

Suite A

Suite A

Miami, FL 33186

Miami, FL 33186

2. Principal Place of Business

3. Mailing Address

12952 S.W. 133 Ct.

12952 SW 133 Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A

A

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Country

Zip

Country

33186 Miami-Dade

33186 Miami-Dade

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUNA, CARMEN A**  
**16062 SW 104 TERRACE**  
**MIAMI FL 33196**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!**  
**After MAY 1, 2001**  
**Fee IS \$150.00**  
**Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME LUNA, CARMEN A  
STREET ADDRESS 16062 SW 104 TERRACE  
CITY-ST-ZIP MIAMI FL 33196 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/01  
Date

Daytime Phone #

CR2E034 (10/00)