

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

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-27-2003 90179 019 \*\*\*150.00

DOCUMENT # P96000006923  
1. Entity Name  
P96000006923 - LUNA DESIGNS INC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
438 ESPANOLA WAY  
Suite, Apt. #, etc.

3. Mailing Address  
438 ESPANOLA WAY  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI BEACH FL

City & State  
MIAMI BEACH FL

4. FEI Number  
650634750  
Applied For  
Not Applicable

Zip  
33139  
Country  
US

Zip  
33139  
Country  
US

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
CHRISTINE KING  
Street Address (P.O. Box Number is Not Acceptable)  
900 16th St #302  
City  
MIAMI BEACH FL Zip Code  
33139

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 \_\_\_\_\_ (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	<u>PRESIDENT (PTD)</u>	TITLE	
NAME	<u>CHRISTINE KING</u>	NAME	
STREET ADDRESS	<u>900 16th St #302</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>MIAMI BEACH FL 33139</u>	CITY-ST-ZIP	
TITLE	<u>VPSD</u>	TITLE	
NAME	<u>VIVIAN MENDEZ</u>	NAME	
STREET ADDRESS	<u>900 16th St #302</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>MIAMI BEACH FL 33139</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE 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 authority like empowered.

SIGNATURE: CHRISTINE KING 05-22-03 305-532-7068  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)