

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

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90021 050 ***150.00

DOCUMENT # **P 960000 74 772**

1. Entity Name

LUNA ENTERPRISES COMM-INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2380 NW 21 Terrace

3. Mailing Address

9737 NW 41 St.

Suite, Apt. #, etc.

"A"

Suite, Apt. #, etc.

362

City & State

MIAMI

Florida

City & State

MIAMI

Florida

Zip

33142

Country

USA

Zip

33178

Country

USA

4. FEI Number

650693393

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ANDREA LOPEZ

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

2380 NW 21 Terrace - BAY A

City

MIAMI

FL

Zip Code

33142

**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.

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD.
LOPEZ ANDREA
2380 NW 21 Terrace
MIAMI Florida 33142**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

**TERESA MENA
2380 NW 21 Terrace BAY A
MIAMI Florida 33142**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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. that my name appears in Block 11 or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Andrea Lopez

3-26-04 305-594-5999