


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

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90136 049 ***150.00

DOCUMENT # **D96000074772**

1. Entity Name
LUNA ENTERPRISES CORP. INC.



DO NOT WRITE IN THIS SPACE

11029752

2. Principal Place of Business 9737 NW 41 ST. Suite, Apt. #, etc. No. 362 City & State MIAMI, Florida Zip 33178 Country USA		3. Mailing Address 9737 NW 41 ST Suite, Apt. #, etc. No. 362 City & State MIAMI Florida Zip 33178 Country USA		4. FEI Number 65-0693393		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							

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7. Name and Address of Current Registered Agent

Name **LUNA, Reynaldo**

Street Address (P.O. Box Number is Not Acceptable)
9737 NW 41 ST SUITE 362

City **M** State **FL** Zip Code **33178**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD LUNA, REYNALDO 9737 NW 41 ST SUITE 362 MIAMI FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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]** **4/28/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/02)