

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 01, 2001 8:00 am
Secretary of State**

02-01-2001 90180 028 ***150.00

DOCUMENT # P96000087883

1. Entity Name

LUNA INTERNATIONAL CORPORATION

Principal Place of Business

**580 MASON AVENUE
DAYTONA BEACH FL 32117**

Mailing Address

**580 MASON AVENUE
DAYTONA BEACH FL 32117**

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 **59-3497372**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOSSAIN, JAKIR
580 MASON AVE
DAYTONA BCH FL 32117**

Name

C. HOWARD HURY JALAL

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

580 MASON AVE

City

DAYTONA BEACH

FL

Zip Code

32117

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 **Jalal CHOWDHURY**

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

Jalal CHOWDHURY

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/019. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00.
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P HOSSAIN, JAKIR 113 ALEATHA DR. DAYTONA FL 32114	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHOWDHURY, JALAL 113 ALEATHA DR. DAYTONA FL 32114	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHANKAR SHON GUPTA 113 ALEATHA DR. DAYTONA FL 32114	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHANKAR SHON GUPTA TRUSTEE FOR HALIMA KHATUN 113 ALEATHA DAYTONA FL 32114	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHANKAR SHON GUPTA 113 ALEATHA DR. DAYTONA FL 32114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHANKAR SHON GUPTA TRUSTEE FOR HALIMA KHATUN 113 ALEATHA DAYTONA FL 32114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Jalal CHOWDHURY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)