

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000013314**

1. Entity Name
LUNA CLEANING SERVICES, INC.

FILED

May 01, 2000 08:00 AM
Secretary of State

Principal Place of Business 2201 GLENMOOR DR WEST PALM BEACH 33409		Mailing Address 2201 GLENMOOR DR WEST PALM BEACH FL 33409	
2. Principal Place of Business 866 SANCTUARY COVE Suite, Apt. #, etc. 866		3. Mailing Address 866 SANCTUARY COVE Suite, Apt. #, etc. 866	
City & State NORTH PALM BEACH FL 33410		City & State NORTH PALM BEACH FL Zip 33410	
Country		Country	
6. Name and Address of Current Registered Agent LUNA MYRIAM P 2201 GLENMOOR DR WET PALM BEACH FL 33409		7. Name and Address of New Registered Agent Name LUNA MYRIAM P Street Address (P.O. Box Number is Not Acceptable) 866 SANCTUARY COVE 866 City NORTH PALM BEACH	
		FL Zip Code 33410	

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0766810	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 **MYRIAM P LUNA**

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

(NOTE Registered Agent signature required when reconstituting)

05/01/2000

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LUNA MYRIAM P 2201 GLENMOOR DR WEST PALM BEACH FL 33409	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LUNA MYRIAM P 866 SANCTUARY COVE NORTH PALM BEACH FL 33410
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"/> 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"/> 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"/> 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"/> Delete	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: **MYRIAM P LUNA**

D 05/01/2000