

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90053 036 ***150.00

DOCUMENT # P97000061694

1. Entity Name

LUNA BAMBU, INC.

Principal Place of Business

Mailing Address

**645 NE 77TH STREET
 UNIT 20
 MIAMI FL 33138**

**645 NE 77TH STREET
 UNIT 20
 MIAMI FL 33150-2239**

2. Principal Place of Business

133 NW 94th St

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Shores FL

City & State

4. FEI Number

65-0769421

Applied For

Not Applicable

Zip

33150

Country

USA

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MOONS, MICHELE M
 645 NE 77TH STREET
 UNIT 20
 MIAMI FL 33138**

7. Name and Address of New Registered Agent

Name **Michele Moons**

Street Address (P.O. Box Number is Not Acceptable)
133 NW 94th St

City **Miami Shores**

FL

Zip Code **33150**

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

Michele Marie Moons - Michele Marie Moons

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)

**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.

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	MOONS, MICHELE M	645 NE 77TH STREET #20	MIAMI FL 33138	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:

Michele Marie Moons Michele Marie Moons

5/15/00

305-757-4907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)