

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072785

1. Entity Name

LUNA DIAGNOSTICS INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90074 035 ***150.00

Principal Place of Business

9 SW 13 ST.
STE 2A
FT. LAUDERDALE FL 33315

Mailing Address

P. O. BOX 661
KEY LARGO FL 33037-0661
US

2. Principal Place of Business

9 SW 13 ST
Suite, Apt. #, etc.
STE 2A

3. Mailing Address

9 SW 13 ST.
Suite, Apt. #, etc.
STE 2A

City & State

FT. Lauderdale FL

City & State

FT. Lauderdale FL

Zip

33315

Country

USA

Zip

33315

Country

USA

4. FEI Number

65-0778592

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CIMKOWSKI, CAROL A ESQ.
91831 OVERSEAS HIGHWAY
SUITE 200
TAVERNIER FL 33070

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

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 ☐ Delete
NAME D
STREET ADDRESS LISSETTE, LOPEZ
CITY-ST-ZIP 258 ATALNTIC BLVD.
KENWARD0 FL 33037

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME LISSETTE LOPEZ
STREET ADDRESS 1308 NE 2ND ST. APT. #12
CITY-ST-ZIP FT. Lauderdale FL 33301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LISSETTE LOPEZ

Date

MARCH 24 2000

Daytime Phone #

CR2E034 (9/99)