

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91207 030 ***158.75

FR3030A1 AT

DOCUMENT # P98000068470
 1. Entity Name
MIA LUNA, INC.

Principal Place of Business Mailing Address
~~1055 PEACHTREE STREET NE~~ 1055 PEACHTREE STREET NE
~~ATLANTA GA 30309~~ ATLANTA GA 30309

2. Principal Place of Business 3. Mailing Address
1011 S. Dixie Frwy Suite, Apt. #, etc.

City & State City & State
New Smyrna Beach FL Suite, Apt. #, etc.

4. FEI Number Applied For
58-2486904 Not Applicable

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

6. Name and Address of Current Registered Agent
~~KAR JOHN~~
~~642 NORTH RIDGEWOOD AVENUE~~
~~DAYTONA BEACH FL 32114~~

7. Name and Address of New Registered Agent
 Name
Burnside, Patricia
 Street Address (P.O. Box Number is Not Acceptable)
2455 Hollywood Blvd. Ste 104
Hollywood FL 38020

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 **Patricia Burnside** *Patricia Burnside* **4-10-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registered.) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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

| | | |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
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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: *Jack Galardi* **4-10-02** **404-6078050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)