

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001456

1. Entity Name

LUNN CORP.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90147 007 ***550.00

Principal Place of Business

33A VENETIAN WAY #51
MIAMI BEACH FL 33139

Mailing Address

33A VENETIAN WAY #51
MIAMI BEACH FL 33139

C0101144



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2850 Coconut Ave
Suite, Apt. #, etc. 10

3. Mailing Address

2850 Coconut Ave
Suite, Apt. #, etc. #10

City & State

Miami FL

City & State

Miami FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

33133

Country

Dade

Zip

33133

Country

Dade

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAPOVALOV, INNA
LAW OFFICES OF INNA SHAPOVALOV, P.A.
16300 NE 19TH AVE. SUITE 250
NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name (Same)

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

Brian Clunn

9/12/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	LUNN, BRIAN	33A VENETIAN WAY #51	MIAMI BEACH FL 33139	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Brian Clunn

Date

Daytime Phone #

9/12/00 (305) 443 0488

CR2E034 (5/00)