

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053044

1. Entity Name
LUNA AUTO SALES, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90012 017 ***150.00

Principal Place of Business
230 SOYUTH ANDREWS AVENUE
POMPANO FL 33069

Mailing Address
230 SOYUTH ANDREWS AVENUE
POMPANO FL 33069



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
230 SOUTH ANDREWS
Suite, Apt. #, etc.
#6

3. Mailing Address
230 SOUTH ANDREWS AVE.
Suite, Apt. #, etc.
#6

City & State
Pompano Bch FL

City & State
Pompano Bch FL

Zip
33069

Country
Broward

Zip
33069

Country
Broward

* FEJ Number
65-0928683

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 _____ (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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTORO, ANTHONY C		NAME		
STREET ADDRESS	230 SOYUTH ANDREWS AVENUE		STREET ADDRESS	SOUTH ANDREWS	
CITY-ST-ZIP	POMPANO FL 33069		CITY-ST-ZIP	Pompano Bch	
TITLE	VSTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTORO, KATHRYN		NAME		
STREET ADDRESS	230 SOYUTH ANDREWS AVENUE		STREET ADDRESS	SOUTH ANDREWS	
CITY-ST-ZIP	POMPANO FL 33069		CITY-ST-ZIP	Pompano Bch	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Anthony C Santoro Date: 2/18/00 Daytime Phone #: 954-942-3636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)