FILED

2002 Uniform Business Report (UBR)

changed, or on an attachment with an add

SIGNATURE:

Mar 12, 2002 8:00 am Secretary of State P93000058141 **DOCUMENT #** 1. Entity Name 03-12-2002 90028 022 ***150 00 LUCKEY'S MOTEL, INC. Principal Place of Business Mailing Address 205 N FEDERAL HWY 205 N FEDERAL HWY DANIA FL 33004 DANIA FL 33004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0433559 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent WEINTRAUB, TRACY D 1244 N. UNIVERSITY DR. PLANTATION FL 33322 8. The above named entity submits this statement for th ing 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) ☐ Change ☐ Addition TITI F Delete TITLE PATEL, SANJAYKUMAR J NAME NAME 205 N FEDERAL HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DANIE FL 33004 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME PATEL, SADHANA STREET ADDRESS 205 N FEDERAL HWY STREET ADDRESS CITY-ST-ZIP DANIA FL 33004 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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