

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

0246455 AV

DOCUMENT # P96000027398

1. Entity Name
GEORGE M. LUCAS, P.A.

04-10-2002 90473 025 ***150.00

Principal Place of Business 7875 BIRD ROAD 228 MIAMI FL 33155 US	Mailing Address 7875 BIRD ROAD 228 MIAMI FL 33155 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7875 BIRD RD Suite, Apt. #, etc. STE 215	3. Mailing Address 7875 BIRD RD Suite, Apt. #, etc. STE 215
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City & State MIAMI FL	City & State MIAMI FL
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4. FEI Number 65-0728131	Applied For <input type="checkbox"/> Not Applicable
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Zip 33155	Country MIAMI-DADE	Zip 33155	Country MIAMI-DADE
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
LUCAS, GEORGE M
7875 BIRD ROAD STE 228
MIAMI FL 33155

7. Name and Address of New Registered Agent
 Name
LUCAS, GEORGE M
 Street Address (P.O. Box Number is Not Acceptable)
7875 BIRD RD STE 215
 City
MIAMI **FL** Zip Code
33155

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 **4/1/02**

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, 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

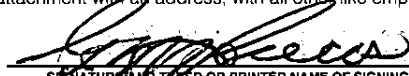
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LUCAS, GEORGE M 13020 SW 82ND TERRACE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:  **GEORGE M. LUCAS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/2002 (305) 264-2221
 Date Daytime Phone #

CR2E034 (9/01)