

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000081738**

1. Entity Name
LUCKY TIGER ENTERPRISES, INC.

FILED
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90197 012 ***150.00

Principal Place of Business
**4320 SUNBEAM RD #205
JACKSONVILLE FL 32257**

Mailing Address
**4041 LAKELAND CIR
WINTER HAVEN FL 33884**

2. Principal Place of Business
5168 LOMAYISTA CIR

3. Mailing Address
5168 LOMAYISTA CIR

Suite, Apt. #, etc.
#112

Suite, Apt. #, etc.
#112

City & State
OMIEDO

City & State
OMIEDO

Zip
32765

Country
U.S.A

Zip
32765

Country
U.S.A

4. FCI Number
59-3532064

Applied For
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
THEIN, MAURY M Maury
4041 LAKELAND CIR.
WINTER HAVEN FL 33884

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]*
Signature, typed or printed name of registered agent and title if applicable (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 \$550.00
After September 15, 2002 Fee 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THEIN, MAURY M Maury 4033 LAKENED CIRCLE WINTER HAVEN FL 33884	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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)(f), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: **08-20-02**

*Attachment
B0104989*

LUCKY TIGER ENTERPRISES, INC.

5168 Loma Vista Cir, APT #112
Oviedo, FL 32765

August 15, 2002

Florida Department of State
P.O. BOX 6327
Tallahassee, FL 32314

SUBJECT: 2002 ANNUAL REPORT

DOCUMENT NUMBER: P98000081738


Dear Sir or Madam,

We refer to the above matter. Please note that we haven't received the First 2002 annual report from you due to the change of our address. Our current business and mailing address is 5168 Loma Vista Cir, APT#112, Oviedo, FL32765. And there is typo in my name. My name is Maung M Thein, not Maury M Thein.

Enclosed please find the check of \$150.00 for 2002 filing fees. It would be highly appreciated if you could kindly waive the penalty and correct your record.

Thank you.

Yours truly,

X 
Maung M Thein /President