2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90455 026 ***150.00

DOCUMENT # F94000005624

1. Entity Name
LUCKY CORNER, INC.

Principal Place of Business	Mailing Address
1191 W. HWY 436 ALTAMONTE SPRINGS, FL 32714 U.S.	825 RAVEN CR #101 ALTAMONTE SPRINGS, Florida 32714 U.S.

00043525

2. Principal Place of Business		3. Mailing Address	
3385 S. HWY 17-92		3385 S. HWY 17-92	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: CASSELBERRY FL		City & State: CASSELBERRY FL.	
Zip: 32707	Country: U.S.A.	Zip: 32707	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1725205 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Fathi Almomani
293 Hanging moss CR.
Lake mary FL 32746
407-804-0689

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 ______
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 $150.00
After MAY 1, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P FATHI ALMOMANI 293 HANGING MOSS CR. LAKE MARY FL 32746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (11/00)

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] 4/19/01 407-767-5220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #