## 2000 UNIFORM BUSINESS REPORT (UBR)

					<sub>1</sub> FIL	ED		
DOCUMENT # G38097  1. Entity Name  LADY LUCK III, INC.					May 30, 2000 8:00 am			
					Secretary of State			
2112	2001; 111, 110,				05-30-2000 9010			
Principal Plac	ce of Business	Mailing Address		_	-			
9613 N.W. 8th Circle / 9613 N.W. 8th Circle								
	tion, FL 33324	Plantation						
2 Principal F	Place of Business	3. Mailing Address	=		]			
11500 37 77 0011 0011				ourt				
Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
City & Stat	te	City & State			4. FEI Number		Applied For	
Goral Springs, FL. Coral Spri			igs. FL		59-2297654		Not Applicable	
33071	Broward	33071	_Country, _ Brow	 ard	- <b>5.</b> ⁻Certificate of Status Desired □	_ <b>\$8.75</b> A Fee Requi		
33071	6. Name and Address of Current		DIOW	aru	7. Name and Address of New Registers	d Agent		
			N	ame				
MARCELINE KATZKER				Street Address (P.C. Box Number is Not Acceptable)				
9613 N.W. 8th Circle				11508 N.W. 20th Court				
Plantation, Florida 33324								
			C	Cora	1 Springs <b>F</b>	Zip Co	ode 33071	
R The above	named entity submits this statement for	or the purpose of changing it			red agent, or both, in the State of Florida.		, 30/1	
o. The above		/	.u g	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		/ /	1	
SIGNATURE	Dody Golds	es .				17/0	<u>ro</u>	
	Signature, typed of printed name of registered agent	and the if applicable. (NO	TE. Registered Age	nt signature require	d when reinstating) OAT	Ē /		
9. This corp	oration is eligible to satisfy its Intangible		/III FEE IS		10. Election Campaign Financing	\$5	.00 May Be	
•	requirement and elects to do so.  iria on back)	After MAY 1, 2 Make Check Paya			Trust Fund Contribution.	☐ Ádd	ded to Fees	
11.	OFFICERS AND		12.		ADDITIONS/CHANGES TO OFFICERS A			
TITLE	P	<b>反</b> Delete	TITLE NAME	P	DY GOLDBERG	Change	e	
NAME STREET ADDRESS	MARCELINE KATZKE	र	STREET AC		508 N.W. 20th Court			
CITY-ST-ZIP	9613 N.W. 8th Cir	cle	CITY-ST-		ral Springs, FL 3307	11	_] ;	
TITLE	Plantation, FL 3:	3324 🗆 Delete	TITLE	V	· .	Change	e 🗌 Addition	
NAME	ļλ		NAME	TR	ACY RUBENS		1	
STREET ADDRESS CITY-ST-ZIP	TRACY RUBENS	•	STREET AD	97	10 S.W. 15th DRIVE			
	9710-8-WD-DRIVE,	DAVIE, FL-		DA	VIE7-FL	. Change	e 😾 Addition	
TITLE NAME	S	L Delete	TITLE NAME	S	AV GOIDEEDG	, [_] Orlange	, Addition	
STREET ADDRESS	JODY GOLDBERG	COURT	STREET AC	DDECC	AY GOLDBERG 1508 N.W. 20th COURT			
CITY-ST-ZIP	11508 N.W. 20th		CITY-ST-	71P I	DRAL_SPRINGS, FL 330	7-1		
TITLE	CORAL SPRINGS, F	Delete	TITLE	D	JAME BEATHOU, TE 500	Change	e 🙀 Addition	
NAME			NAME	D.	NALD RUBENS		}	
STREET ADDRESS			STREET AD CITY-ST-2	Director	710 S.W. 15TH DRIVE			
CITY-ST-ZIP	<u> </u>		TITLE		VIE, FL	☐ Change	e	
TITLE NAME		La Delete	NAME				, [_] Addition	
STREET ADDRESS			STREET AC	DRESS				
CITY-ST-ZIP			CITY-ST-	ZIP	<u> </u>			
TITLE		☐ Delete	TITLE			☐ Change	e 🔲 Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET AD CITY-ST-7					
	acretify that the information symplical will	a this filing does not qualify to			ection 119.07(3)(i), Florida Statutes. I further	certify that the	e information	
indicatéd	tion this report or supplemental report i	s true and accurate and that	my signature	shall have the	same legal effect as if made under oath; tha 7, Florida Statutes; and that my name appea	t I am an offic	er or director 1	
or the co changed	rporation or the receiver or trustee emp I, or on an attachment with an address	with all other like empowered	t as required i d.	oy chapter 60	, i iorida statutes, and triat my name appea.	JIII DIOCK TI	O. DIOGR 12 II	
		1 1 1			/ / ^		_	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR