

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90084 050 \*\*\*150.00

**DOCUMENT # L00000008517**

1. Entity Name

**LUCKY 55, LLC**

Principal Place of Business

**2800 PONCE DE LEON BOULEVARD, SUITE 1125  
 MIAMI FL 33134**

Mailing Address

**2800 PONCE DE LEON BOULEVARD, SUITE 1125  
 MIAMI FL 33134**

2. Principal Place of Business

**13105 N.W. Lejeune Road**  
 Suite, Apt. #, etc.

3. Mailing Address

**13105 N.W. Lejeune Road**  
 Suite, Apt. #, etc.

City & State

**Opa-Locka, FL**

Zip Country  
**33054 U.S.A.**

City & State

**Opa-Locka, FL**

Zip Country  
**33054 U.S.A.**

4. FEI Number

**65-1026690**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SEIF, EVAN D  
 2800 PONCE DE LEON BOULEVARD, SUITE 1125  
 MIAMI FL 33134**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
 NAME **HOLLAND, BRIAN**  
 STREET ADDRESS **5761 NW 37TH AVE.**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **MGR** ☐ Delete  
 NAME **CHAPLIN, WAYNE E**  
 STREET ADDRESS **5761 NW 37TH AVE.**  
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
 NAME **Holland, Brian**  
 STREET ADDRESS **13105 N.W. Lejeune Road**  
 CITY-ST-ZIP **Opa-Locka, FL 33054**

TITLE **MGR.** ☒ Change ☐ Addition  
 NAME **Chaplin, Wayne**  
 STREET ADDRESS **13105 N.W. Lejeune Road**  
 CITY-ST-ZIP **Opa-Locka, FL 33054**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**2/13/02**

**(305) 769-1110**

CR2E083 (9/01)