

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2002 8:00 am**  
**Secretary of State**

09-02-2002 90148 043 \*\*\*550.00

**DOCUMENT # P00000013042**

1. Entity Name  
**LUCKMAN CONSULTING, INC.**

**Principal Place of Business**

**3100 N.E. 48TH STREET  
APT. 814  
FORT LAUDERDALE FL 33308**

**Mailing Address**

**3100 N.E. 48TH STREET  
APT. 814  
FORT LAUDERDALE FL 33308**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0982208**

Applied For

Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ROSENBERG, ARTHUR R  
4875 NORTH FEDERAL HIGHWAY  
SEVENTH FLOOR  
FORT LAUDERDALE FL 33308**

**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, 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 13, 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 **P** ☐ Delete  
NAME **LUCKMAN, GARY MD**  
STREET ADDRESS **3100 NORTHEAST 48TH COURT #814**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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 life empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-26-02**

Date

**9544743262**

Daytime Phone #

CR2E034 (4/02)