

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90038 049 ***150.00

DOCUMENT # P00000030842

1. Entity Name

LUCKY BOY ENTERPRISE, INC.

Principal Place of Business

175 WEST CAMINO REAL
BOCA RATON FL 33432

Mailing Address

175 WEST CAMINO REAL
BOCA RATON FL 33432

2. Principal Place of Business

5775 Fox Hollow Dr
Suite, Apt., etc.
G

3. Mailing Address

5775 Fox Hollow Dr
Suite, Apt., etc.
G

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number

65-0828155

Applied For

Not Applicable

Zip

33486

Country

USA

Zip

33486

Country

USA

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

HIRSCH, DAVID K
175 WEST CAMINO REAL
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name: Sean Zausner
Street Address (P.O. Box Number is Not Acceptable): 5775 Fox Hollow Dr Apt G
City: Boca Raton FL Zip Code: 33486

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]* SEAN ZAUSNER 1/31/01
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

TITLE: D.P.
NAME: Sean Zausner
STREET ADDRESS: 5775 Fox Hollow Dr Apt G
CITY-ST-ZIP: Boca Raton FL 33486 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D.P.
NAME: Sean Zausner
STREET ADDRESS: 5775 Fox Hollow Dr Apt G
CITY-ST-ZIP: Boca Raton FL 33486 ☐ Change ☐ Addition

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: ☐ Delete
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STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
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 like empowered.

SIGNATURE: *[Signature]* SEAN ZAUSNER 1/31/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 561 901-6735 Daytime Phone #

CR2E034 (10/00)