2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000012356

1. Entity Name
LUCKY 36, INC.

FILED
00 JAN 14 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3550 BISCAYNE BLVD. STE. 404 MIAMI, FLORIDA 33137	3550 BISCAYNE BLVD. STE. 404 MIAMI, FLORIDA 33137

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0376614 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SIDNEY DULMAN 3550 BISCAYNE BLVD. STE. 404 MIAMI, FLORIDA 33137	Name: ANTHONY CARFAGNO Street Address (P.O. Box Number is Not Acceptable): 3550 BISCAYNE BLVD., STE. 404 City: MIAMI FL Zip Code: 33137

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] Jan 25 2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
Anthony Carfagno

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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	DP DULMAN, SIDNEY 3550 BISCAYNE BLVD., STE. 404 MIAMI, FL 33137	☒ Delete	DP CARFAGNO, ANTHONY 3550 BISCAYNE BLVD., STE. 404 MIAMI, FL 33137	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT DULMAN, SIDNEY 3550 BISCAYNE BLVD., STE. 404 MIAMI, FL 33137	☒ Delete	SVD CARFAGNO, DEBORAH 3550 BISCAYNE BLD., STE. 404 MIAMI, FL 33137	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SWAN, MARGOT R. 3550 BISCAYNE BLVD., STE. 404 MIAMI, FL 33137	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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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] Jan 25 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Anthony Carfagno