

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000012356

1. Entity Name
LUCKY 36, INC.

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90054 011 ***550.00

Principal Place of Business
3550 BISCAYNE BLVD.
STE. 404
MIAMI FL 33137
US

Mailing Address
3550 BISCAYNE BLVD.
STE. 404
MIAMI FL 33137
US

2. Principal Place of Business
1400 CLEVELAND Rd.
Suite, Apt. #, etc.

3. Mailing Address
1400 CLEVELAND Rd.
Suite, Apt. #, etc.

City & State
MIAMI BEACH FL
Zip
33141
Country
USA

City & State
MIAMI BEACH FL
Zip
33141
Country
USA

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
CARFAGNO, ANTHONY
3550 BISCAYNE BLVD.
STE. 404
MIAMI FL 33137

7. Name and Address of New Registered Agent
Name
CARFAGNO ANTHONY
Street Address (P.O. Box Number is Not Acceptable)
1400 CLEVELAND Rd.
City
MIAMI BEACH FL Zip Code
33141

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 _____

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 12, 2001 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	CARFAGNO, ANTHONY	
STREET ADDRESS	3550 BISCAYNE BLVD., STE. 404	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	CARFAGNO, DEBORAH	
STREET ADDRESS	3550 BISCAYNE BLVD., 404	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARFAGNO ANTHONY	
STREET ADDRESS	1400 CLEVELAND Rd.	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	SVD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARFAGNO DEBORAH	
STREET ADDRESS	1400 CLEVELAND Rd.	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sep 4 2001 305 992 6324
Date Daytime Phone #

6568800
AV

CR2E034 (5/01)