

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000009881**

1. Entity Name

LUCKY INDUSTRIAL PARK, INC.**FILED**
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90048 031 ***150.00

LU000000



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3550 BISCAYNE BLVD. SUITE 404 MIAMI FL 33137	3550 BISCAYNE BLVD. SUITE 404 MIAMI FL 33137-3854

2. Principal Place of Business	3. Mailing Address
5761 N.W. 37TH AVE. Suite, Apt. #, etc.	5761 N.W. 37TH AVE. Suite, Apt. #, etc.

City & State	City & State
MIAMI, FL	MIAMI, FL
Zip	Zip
33142	33142
Country	Country

4. FEI Number	65-0466570	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HOLLAND, BRIAN 3550 BISCAYNE BLVD #404 MIAMI FL 33137

7. Name and Address of New Registered Agent		
Name HOLLAND, BRIAN		
Street Address (P.O. Box Number is Not Acceptable)		
5761 N.W. 37TH AVE.		
City MIAMI	FL	Zip Code 33142

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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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: _____ 2/22/00 (305) 635-9360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)