

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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AND
FILED**

95 JUN -1 AM 11:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # P94000038267

1. Corporation Name:

LUBY INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **20110 Boca West Drive Suite 223 Boca Raton, Florida 33434**
Mailing Address: **20110 Boca West Drive Suite 223 Boca Raton, Florida 33434**

3. Date Incorporated or Qualified: **5/20/94** 3a. Date of Last Report: **N/A**

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

4. FEI Number: **65-0572477** Applied For: ☐ Not Applicable: ☐

Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**

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

City & State: **23** City & State: **28**

6. Election Campaign Financing Trust Fund Contribution: ☐ **\$5.00 May Be Added to Fees**

24. 25. 29. 30.

7. This corporation has liability for intangible tax under s. 199.037, Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Ilene Luby
20110 Boca West Drive
Suite 223
Boca Raton, Florida 33434**

81. Name: **LAWRENCE SCHANTZ, ESQ.**
82. Street Address (P.O. Box Number is Not Acceptable): **200 S. Biscayne Blvd.,**
83. **Ste. 1050**
84. City: **Miami** 85. Zip Code: **FL 33131**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Lawrence Schantz

5/11/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **Director**
NAME: **Ilene Luby**
STREET ADDRESS: **20110 Boca West Drive, Suite 223**
CITY, ST, ZIP: **Boca Raton, Florida 33434**

1. TITLE: **100001504141**
2. NAME: **-06/02/95--01012--008**
3. STREET ADDRESS: ******200.00 ****200.00**

TITLE: **NAME: STREET ADDRESS: CITY, ST, ZIP:**

21. TITLE: **100001504141**
22. NAME: **-06/02/95--01012--008**
23. STREET ADDRESS: *******25.00 *****25.00**

TITLE: **NAME: STREET ADDRESS: CITY, ST, ZIP:**

31. TITLE: **Change Addition**
32. NAME: **Change Addition**
33. STREET ADDRESS: **Change Addition**

TITLE: **NAME: STREET ADDRESS: CITY, ST, ZIP:**

41. TITLE: **Change Addition**
42. NAME: **Change Addition**
43. STREET ADDRESS: **Change Addition**

TITLE: **NAME: STREET ADDRESS: CITY, ST, ZIP:**

51. TITLE: **Change Addition**
52. NAME: **Change Addition**
53. STREET ADDRESS: **Change Addition**

TITLE: **NAME: STREET ADDRESS: CITY, ST, ZIP:**

61. TITLE: **Change Addition**
62. NAME: **Change Addition**
63. STREET ADDRESS: **Change Addition**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.03(9)(b), Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual 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 this corporation or the person or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR AUTHORIZED OFFICER

Ilene Luby

5/11/95 407-477-0937