2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9400038267

Entity Name

LUBY INTERNATIONAL, INC.

Principal Place of Business

LIGHTHOUSE POINT FL 33064-8030

2. Principal Place of Business

Mailing Address

3/00 NE 23 NE

3100 NE 23AD AL

4240 NE 24TH AVE

3. Mailing Address

LIGHTHOUSE POINT FL 33064-8030

US

_	i ! Fa ii

FILED

Feb 07, 2001 8:00 am Secretary of State

02-07-2001 90158 009 ***158.75

DO NOT WRITE IN THIS SPACE

65-0572477

7. Name and Address of New Registered Agent

Suite, Apt. #, etc.

City & State

City & State

City & State

City & State

Zip

Country

Zip

Country

Country BRAUGOO

Name

5. Certificate of Status Desired

Not Applicable

\$8.75 Additional

Fee Required

Applied For

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

NE 3100 n. E 23ND Aug

LUBY, ILENE B 4240 N.E. 24TH AVE

SIGNATURE

LIGHTHOUSE POINT FL 33064

Street Address (P.O. Box Number is Not Acceptable)

4. FEI Number

oneet Address (F.O. Dox Adminer is Not Acceptable

City

(NOTE: Registered Agent signature required when reinstating)

Zip Code

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.

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

(See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change NAME LUBY, ILENE STREET ADDRESS 4240 NE 24TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE POINT FL TITLE ☐ Detete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS 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

ILLENE BLUBY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR

JA137 200)

Daytime Phone #