## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3100 NE 23RD AV

3. Mailing Address

City & State

Suite, Apt. #, etc.

LIGHTHOUSE POINT FL 33064

## DOCUMENT # P94000038267

6. Name and Address of Current Registered Agent

1. Entity Name

3100 NE 23RD AV

Principal Place of Business

LIGHTHOUSE POINT FL 33064

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

LUBY, ILENE B

SIGNATURE

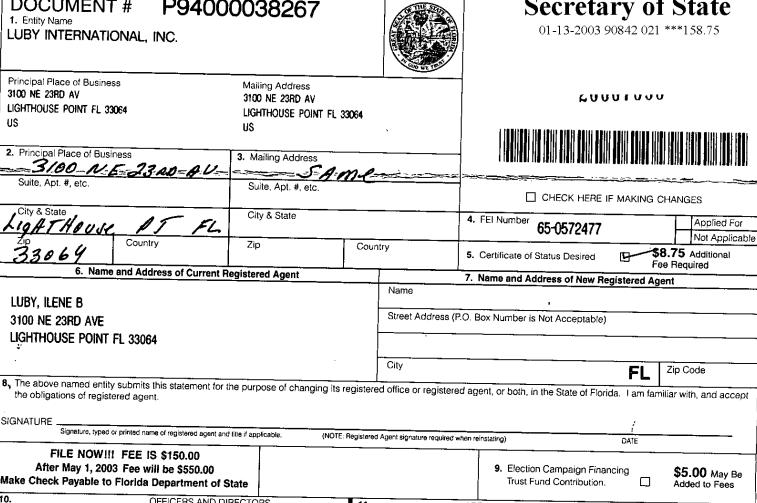
3100 NE 23RD AVE

LIGHTHOUSE POINT FL 33064

LUBY INTERNATIONAL, INC.

3100 NE 23AD-AU

## FILED Jan 13, 2003 8:00 am Secretary of State



Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D Delete TITLE ☐ Addition LUBY, ILENE-NAMES STREET ADDRESS 3100 N E 23 AVENUE STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7JP CITY-ST-ZIP

12. 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 10 or Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR