

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000044987

1. Entity Name

LUCKY 7 #1, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90013 020 ***150.00

Principal Place of Business

800 NW 119 ST
 MIAMI FL 33054

Mailing Address

16700 NW 17TH AVE
 MIAMI FL 33056-4902

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0498402

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BANA, MOHIQBAL H
 16700 NW 17 TH AVE
 MIAMI FL 33056

7. Name and Address of New Registered Agent

Name **NAZIRA BANA**

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

**1854 NE 214 TER NMB
 NMB**

City

FL

Zip Code **33179**

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

Nazira Bana **NAZIRA BANA**

3/14/00

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 \$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.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BANA, MOHIQBAL H	
STREET ADDRESS	800 NW 119 STREET	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LAKHANA, MOHAMMED I	
STREET ADDRESS	16700 NW 1715 AVE	
CITY-ST-ZIP	MIAMI FL 33056	
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		<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		
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:

Mohd Iqbal Bana **MOHDIQBAL BANA**

4/15/00

Date

305 623-5682

Daytime Phone #

CE20004 (03/01)