

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000006683

1. Entity Name

LUCKY STAR ENTERPRISES, INC.

FILED

Jan 27, 2000 8:00 am  
Secretary of State

01-27-2000 90074 045 \*\*\*150.00

Principal Place of Business

Mailing Address

437 E. CAPE CORAL PARKWAY  
CAPE CORAL FL 33904

437 E. CAPE CORAL PARKWAY  
CAPE CORAL FL 33904-8538

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0569795

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROY, AMIT  
437 E. CAPE CORAL PARKWAY  
CAPE CORAL FL 33904

Name

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

City

FL

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.

SIGNATURE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME ROY, AMIT  
STREET ADDRESS 437 E. CAPE CORAL PARKWAY  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME ROY, ANIMA  
STREET ADDRESS 437 E. CAPE CORAL PARKWAY  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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  
indicated on this report or supplemental report is true and accurate and that my signature shall have  
of the corporation or the receiver or trustee empowered to execute this report as required by Chapter  
changed, or on an attachment with an address, with all other like empowered.

I further certify that the information  
oath; that I am an officer or director  
me appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1-17-00 (941) 549-3774

CR2E034 (9/99)