

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90019 033 \*\*\*150.00

**DOCUMENT # P95000023022**

1. Entity Name

**LUCKY DOG PRODUCTION, INC.**

Principal Place of Business

Mailing Address

19117 N.W. 47TH AVE.  
 CAROL CITY FL 33055

19117 N.W. 47TH AVE.  
 CAROL CITY FL 33055

2. Principal Place of Business

3. Mailing Address

**4620 SW 151 TR**  
 Suite, Apt. #, etc.

**4620 SW 151 TR**  
 Suite, Apt. #, etc.

City & State

**MIRAMAR FL**

City & State

**MIRAMAR FL**

4. FEI Number

**65-0565909**

Applied For

Not Applicable

Zip

**33027**

Country

**USA**

Zip

**33027**

Country

**USA**

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

**CANCIO, PEDRO**  
**8520 SW 1ST., APT. 208**  
**PEMBROKES PINES FL 33025**

Name

**Pedro Cancio**

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

**4620 SW 151 TR.**

City

**MIRAMAR**

**FL**

Zip Code

**33027**

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]*  
 Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when resigning)

**3-4-01**

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, 2001 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	<b>CANCIO, PEDRO</b>	
STREET ADDRESS	<b>8261 N.W. 192ND TERRACE..</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>ESCOBAR, MARIA C</b>	
STREET ADDRESS	<b>19117 N.W. 47TH AVE.</b>	
CITY-ST-ZIP	<b>CAROL CITY FL</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>CANCIO, ROSA M</b>	
STREET ADDRESS	<b>19117 N.W. 47TH AVE.</b>	
CITY-ST-ZIP	<b>CAROL CITY FL</b>	
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	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Pedro Cancio</b>	
STREET ADDRESS	<b>4620 SW 151 TR.</b>	
CITY-ST-ZIP	<b>MIRAMAR, FL. 33027</b>	
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-4-01 (305) 315-5520**

Date Daytime Phone #

CR2E034 (10/00)