

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000050655

1. Entity Name

LUCAS SUPERMARKET #2, INC.

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90019 001 \*\*\*550.00

Principal Place of Business

14759 N.E. 6TH AVE.  
MIAMI FL 33161

Mailing Address

14759 N.E. 6TH AVE.  
MIAMI FL 33161

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

65-0596735

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

7. Name and Address of New Registered Agent

LUCAS, JEAN  
815 N.W. 48TH STREET  
MIAMI FL 33127

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	D	<input checked="" type="checkbox"/> Delete
NAME	LUCAS, VIOLET	
STREET ADDRESS	110 N.E. 17TH STREET	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUCAS, JEAN	
STREET ADDRESS	815 N.W. 48TH ST.	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACQUES, BERNADEL	
STREET ADDRESS	127 N.E. 138 STREET	
CITY-ST-ZIP	MIAMI FL 33161	
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		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROULBERT ELISEE	
STREET ADDRESS	14300 NE 5th Avenue	
CITY-ST-ZIP	Miami FL 33168	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lucas Jean	
STREET ADDRESS	815 NW. 48th st	
CITY-ST-ZIP	Miami FL 33127	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lucienne Alencar	
STREET ADDRESS	14797 NE 18th Avenue	
CITY-ST-ZIP	Miami FL 33181	
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:

*JEAN LUCAS* **JEAN LUCAS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-04-00

Date

305 940-9902

Daytime Phone #

CR2E034 (5/00)