

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90022 047 \*\*\*150.00

0160980

**DOCUMENT # P96000004818**

1. Entity Name

**LUCKY CAPITAL, INC.**

Principal Place of Business

**3550 BISCAYNE BLVD. STE 407**  
**MIAMI FL 33137**

Mailing Address

**3550 BISCAYNE BLVD. STE 407**  
**MIAMI FL 33137**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0637744**

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

**SWAN, MARGOT R**  
**3550 BISCAYNE BLVD. STE 404**  
**MIAMI FL 33137**

Name **SUSAN J. DULMAN**

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

**3550 BISCAYNE BLVD SUITE 407**

City **MIAMI**

**FL**

Zip **33137**

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

*Susan J. Dulman*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**01/09/01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	DULMAN, SIDNEY	
STREET ADDRESS	3550 BISCAYNE BLVD. STE 404	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SWAN, MARGOT R	
STREET ADDRESS	3550 BISCAYNE BLVD. STE 404	
CITY-ST-ZIP	MIAMI FL	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	HOLLAND, BRIAN	
STREET ADDRESS	3550 BISCAYNE BLVD #404	
CITY-ST-ZIP	MIAMI FL 33137	
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 type="checkbox"/> Addition
NAME		
STREET ADDRESS	STE 407	
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSAN DULMAN	
STREET ADDRESS	3550 BISCAYNE BLVD STE 407	
CITY-ST-ZIP	MIAMI FL 33137	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-9-01 305-576-1600**

Date

Daytime Phone #

CR2E034 (10/00)