

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 07, 2001 8:00 am
Secretary of State

05-07-2001 90034 031 ***150.00

DOCUMENT # P96000052342

1. Entity Name

LUCKY RNRJ CORPORATION

Principal Place of Business

5405 9TH ST N
ST. PETERSBURG FL 33703
US

Mailing Address

5405 9TH ST N
ST. PETERSBURG FL 33703
US

2. Principal Place of Business

6800 4th Street N

Suite, Apt. #, etc.

3. Mailing Address

Same as Business address

Suite, Apt. #, etc.

City & State

St. Petersburg, FL. 33707

City & State

4. FEI Number

59-3420876

Applied For

Not Applicable

Zip

33707

Country

Pinellas

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

**QASSAM, ABDUL RAHIM
5405 9TH ST N
ST. PETERSBURG FL 33703**

Name

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

6800 4th Street N

City

St. Petersburg

FL

Zip Code

33707

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

X

Abdul R. Qassam

Abdul R. Qassam, President 2/23/01

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, 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	DP	<input type="checkbox"/> Delete
NAME	QASSAM, ABDUL RAHIM	
STREET ADDRESS	5405 9TH ST N	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	S	<input type="checkbox"/> Delete
NAME	QASSAM, NILOFER	
STREET ADDRESS	5405 9TH ST N	
CITY-ST-ZIP	ST PETERBURG FL 33703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6800 4th Street N
CITY-ST-ZIP	St. Petersburg, FL. 33707
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6800 4th Street N
CITY-ST-ZIP	St. Petersburg, FL. 33707
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 information.

SIGNATURE

Abdul R. Qassam

Abdul R. Qassam, President 2/23/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)