2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
05-11-2001 90130 035 ***150.00

DOCUMENT # P96000067699

Entity Name
THE SHINNY LUCKY STAR, INC

Principal Place of Business	Mailing Address
1555 KELLEY AVE KISSIMMEE, FL 34744 US	1954 MONKTON RD ORLANDO, FL 32837 US

A0062016

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		13044 RUIDOSA LOOP	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: ORLANDO, FL	
Zip	Country	Zip: 32837	Country: US

4. FEI Number: 59-3398956 ☐ Applied For ☐ Not Applicable

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
CHARRY, MARIA C 1954 MONKTON ROAD ORLANDO, FL 32837	Name: CHARRY, MARIA C Street Address (P.O. Box Number is Not Acceptable): 13044 RUIDOSA LOOP City: ORLANDO, FL Zip Code: 32837

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: Moris Cristina Charry DATE: 4-24-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P ☐ Delete	TITLE	P ☒ Change ☐ Addition
NAME	CHARRY, MARIA C	NAME	CHARRY, MARIA C
STREET ADDRESS	1954 MONKTON ROAD	STREET ADDRESS	13044 RUIDOSA LOOP
CITY-ST-ZIP	ORLANDO, FL 32837	CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	S ☐ Delete	TITLE	S XX Change ☐ Addition
NAME	CHARRY, JOSE M	NAME	CHARRY, JOSE M
STREET ADDRESS	1954 MONKTON ROAD	STREET ADDRESS	13044 RUIDOSA LOOP
CITY-ST-ZIP	ORLANDO, FL 32837	CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Moris Cristina Charry PRES. 4/24/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #