

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90209 038 ***150.00

DOCUMENT # P96000089072

1. Entity Name

MR. LUCKY COMPANY

Principal Place of Business

3205 NW 62ND ST.
BOCA RATON FL 33496-3300
US

Mailing Address

BERNARD ADELE COHEN
3205 NW 62ND ST
BOCA RATON FL 33496-3300
US

Address
change
↓



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

• 11957 HABANA Ave.
Suite, Apt. #, etc.
Boynton Beach FL
City & State

3. Mailing Address

• 11957 HABANA Ave.
Suite, Apt. #, etc.
Boynton Beach FL
City & State

4. FEI Number 65-0718981

Applied For
Not Applicable

Zip
33437

Country
U.S.A.

Zip
33437

Country
U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COHEN, BERNARD ADELE
3205 NW 62ND ST
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

Name COHEN BERNARD & Adele
Street Address (P.O. Box Number is Not Acceptable)
11957 HABANA Ave
City Boynton Beach FL Zip Code 33437

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

BERNARD COHEN

JANUARY 12, 2000

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, 2000 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	D	Delete
NAME	COHEN, BERNARD	
STREET ADDRESS	3205 NW 62ND ST	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	D	Delete
NAME	COHEN, ADELE	
STREET ADDRESS	3205 NW 62ND ST	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	COHEN, BERNARD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	11957 Habana Ave	
STREET ADDRESS	Boynton Beach FL 33437	
CITY-ST-ZIP		
TITLE	Cohen, Adele	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	11957 Habana Ave	
STREET ADDRESS	Boynton Beach FL 33437	
CITY-ST-ZIP		
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
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

Bernard Cohen Jan 12, 2000

Date

Daytime Phone #

561 733 5343