

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000094931

1. Entity Name

AMERICAN LUCKY, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

528 HARMORE AVE

3. Mailing Address

528 HARMORE AVE

Suite, Apt. #, etc.

CORAL GABLES

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

CORAL GABLES FL

Zip

33146

Country

USA

Zip

33146

Country

USA

6. Name and Address of Current Registered Agent

DE LA IGLESIA, DANIEL A
5904 SAN VINCENTE STREET
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name CARLOS ARRIENS

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

City CORAL GABLES

FL

Zip Code 33146

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 \$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

TITLE D
NAME DE LA IGLESIA, DANIEL
STREET ADDRESS 5904 SAN VINCENT STREET
CITY-ST-ZIP CORAL GABLES FL 33146 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME CARLOS ARRIENS
STREET ADDRESS 528 HARMORE AVE
CITY-ST-ZIP CORAL GABLES FL 33146 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90078 039 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)