FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State
04-28-2003 91521 010 ***158.75

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DOCUMENT # P97000039495 12/19/02

1. Entity Name
Lucky Auto Center, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
698 West 84 Street	8201 NW 66 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 3
City & State: Hialeah, FL	City & State: Miami, FL
Zip: 33014 Country: US	Zip: 33166 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0749239 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Vazquez, Lena
Street Address (P.O. Box Number is Not Acceptable): 698 West 84 street
City: Hialeah FL Zipcode: 33014

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] 5/15/03
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PSD	TITLE	
NAME	VAZQUEZ, LENA	NAME	
STREET ADDRESS	698 WEST 84 STREET	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33014	CITY-ST-ZIP	
TITLE	VTD	TITLE	
NAME	DOMINGUEZ, MANUEL	NAME	
STREET ADDRESS	698 WEST 84 Street	STREET ADDRESS	
CITY-ST-ZIP	Hialeah, FL 33014	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] MANUEL DOMINGUEZ 4/24/03 305-597-4811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #