2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000067102**

1. Entity Name

LUCKY TRUCKS, CORP.

Principal Place of Business Mailing Address 3851 N.W. NORTH RIVER DRIVE 3851 N.W. NORTH RIVER DRIVE HIALEAH FL 33142 HIALEAH FL 33142

FILED Feb 28, 2001 8:00 am Secretary of State 02-28-2001 90102 024 ***150.00

LUUNIUNI



2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEI Number 65-0773359				-	Applied For
Zip	Country Zip Co			У				\$8.75 A	3.75 Additional e Required	
	6. Name and Address of Curren	t Registered Agent	<u> </u>		7. Name	and Ad	dress of New	Registere	d Agent	
LLANE	ES, FIDEL			Name						
	n.w. North River Drive (AH FL 33142	<u>_</u>	Street Address	(P.O. BOX N	umber s		bie)			
				City				F	Zip Co	ode
3. The above r	named entity submits this statement	for the purpose of changi	ng its registere	d office or registe	ered agent,	or both, i	n the State of	Florida.		
SIGNATURE _	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registered	Agent signature require	ed when reinstati	ng)		DATE	<u> </u>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW! After MAY 1, 20 Make Check Payab				will be \$550.00			on Campaign Fund Contribu	_		.00 May Be led to Fees
11.	OFFICERS AN	D DIRECTORS	12.		ADDITI	ONS/CH	ANGES TO C	FFICERS A	ND DIRECTO	DRS IN 11
	P LLANES, OSVAIDO 80 SOUTH DR	☐ Delete	NAME	ET ADDRESS					Chang	e Addition
CITY-ST-ZIP	MIAMI SPRINGS FL 33166			ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREE						☐ Chang	e
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREE						☐ Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAMI STRE						☐ Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAMI STRE						☐ Chanç	ge 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information supplied w	☐ Delete	NAM STRE CITY	E ET ADDRESS -ST-ZIP	2 1	07(0)()	5		☐ Chan	

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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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