

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90020 037 ***150.00

DOCUMENT # P97000075233

1. Entity Name

LUKE INVESTMENTS, INC.

Principal Place of Business

**7253 NW 64TH TERRACE
 PARKLAND FL 33067**

Mailing Address

**462 N OCEAN BLVD
 DEERFIELD BEACH FL 33441
 US**

2. Principal Place of Business

2409 N. DIXIE HIGHWAY

3. Mailing Address

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FLORIDA

City & State

4. FEI Number

65-0779209

Applied For

Not Applicable

Zip
33407

Country
US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**URALLI, EMRE
 462 N OCEAN BLVD
 DEERFIELD BEACH FL 33441**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 **PD** ☐ Delete
 NAME **EMRE URALLI**
 STREET ADDRESS **7253 NW 64TH TERRACE**
 CITY-ST-ZIP **PARKLAND FL 33067**

TITLE **VPT** ☐ Delete
 NAME **KASSOTIS, LYNN**
 STREET ADDRESS **462 N OCEAN BLVD**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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

Date

Daytime Phone #

03/10/2001

CR2E034 (10/00)