

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90074 045 \*\*\*150.00

DOCUMENT # P98000027653  
 1. Entity Name  
 Luciano's Christian Book Center, Inc.

Principal Place of Business Mailing Address  
 1512 West 49th St. 1512 West 49th St.  
 Hialeah, FL 33012 Hialeah, FL 33012

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country  
 Hialeah, FL 33012

4. FEI Number 65-0831245 Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 Rodriguez, Dany's  
 1512 West 49th Street  
 Hialeah, FL 33012

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing \$5.00 May Be Added to Fees ☐

| 11. OFFICERS AND DIRECTORS |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|----------------------------|---------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME                                                  |                                                                   |
| STREET ADDRESS             |                                 | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME                                                  |                                                                   |
| STREET ADDRESS             |                                 | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME                                                  |                                                                   |
| STREET ADDRESS             |                                 | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME                                                  |                                                                   |
| STREET ADDRESS             |                                 | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME                                                  |                                                                   |
| STREET ADDRESS             |                                 | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                |                                 | 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: Dany's Rodriguez Dany's Rodriguez X5-1-00 (305) 231-9090  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #