

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064394

1. Entity Name

LUCKY 8 FARMS, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90152 022 ***150.00

Principal Place of Business

3107 STATE ROAD 674
WIMAUMA FL 33598

Mailing Address

P.O. BOX 338
WIMAUMA FL 33598-0289

2. Principal Place of Business

13448 US Hwy 301 S.

Suite, Apt. #, etc.

3. Mailing Address

PO Box 289

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Riverview, FL

City & State

Wimauma FL

4. FEI Number

59-3524212

Applied For

Not Applicable

Zip

33569

Country

USA

Zip

33598

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEUNG, TONY
5107 STATE ROAD 674
WIMAUMA FL 33598

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CASTILLO, JERONIMO
304 4TH ST SE
RUSKIN FL 33570 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
LEUNG, TONY
5107 STATE ROAD 674
WIMAUMA FL 33598 ☐ Delete

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

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☐ Delete

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 807, 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 #

Jeronimo Castillo
Jeronimo Castillo

4-26-00

813-671-2320