

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014644

1. Entity Name
LUCKY TRAN, INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90019 027 ***550.00

Principal Place of Business
3145 23RD STREET N.
ST. PETERSBURG FL 33713

Mailing Address
3145 23RD STREET N.
ST. PETERSBURG FL 33713

2. Principal Place of Business
7390 GULF BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ST. PETE. BEACH, FLORIDA

City & State

4. FEI Number
59-3557688

Applied For
Not Applicable

Zip Country
33706-1948 - USA

Zip Country

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

BRINKLEY, LINSTER JR.
2350 N 34TH STREET STE. 110
ST. PETERSBURG FL 33713

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
NAME TRAN, NHU VAN
STREET ADDRESS 3145 23RD ST. NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33713 ☐ Delete

TITLE S/M
NAME NGUYEN, DET THI
STREET ADDRESS 3145-23rd ST. NORTH
CITY-ST-ZIP ST. PETERSBURG, FL. 33713 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ 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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-00 (727) 360 099

Date

Daytime Phone #

CR2E034 (5/00)