

UNIFORM BUSINESS REPORT (UBR)

5/24/00-901

FILED
Jul 07, 2000 8:00 am
Secretary of State

05-24-2000 90174 036 ***150.00

DOCUMENT # P99000065927

LUCK PRODUCTIONS, INC.

1. Place of Business
 2. Mailing Address
 PONCE DE LEON BLVD., SUITE 202
 CORAL GABLES FL 33134
 815 PONCE DE LEON BLVD., SUITE 202
 CORAL GABLES FL 33134-3007

3. Mailing Address
 Suite, Apt. #, etc.

4. City & State

Country Zip Country

4. FEI Number
 APPLIED FOR
 Applied For
 Not Applicable

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

AGUILERA, GUIDO A
 815 PONCE DE LEON BLVD., SUITE 200
 CORAL GABLES FL 33134

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

8. Is corporation eligible to satisfy its intangible 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS ZIP	D AGUILERA, GUIDO A 815 PONCE DE LEON BLVD. CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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ADDRESS ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Guido Aguilera
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)