## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # P99000072134 1. Entity Name LUCKY DESTINY, INC. 03-20-2000 90049 047 \*\*\*150.00 Mailing Address Principal Place of Business 777 86TH STREET 777 86TH STREET MIAMI BEACH FL 33141-1115 MIAMI BEACH FL 33141 823804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOR6E HERNANGEZ ANDRES, JORGE Street Address (P.O. Box Number is Not Acceptable) 777 86TH STREET MIAMI BEACH FL 33141 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550,00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12, PTD TITLE [7] Change ☐ Addition TITLE Delete HERNANDEZ. JORGE ANDRES NAME NAME STREET ADDRESS STREET ADDRESS 777 86TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33141 ☐ Addition **VPSD** Change TITLE ☐ Delete TITLE MENCI, LOURDES NAME STREET ADDRESS 777 86TH STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI BEACH FL 33141 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition 71**7**1 F Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition Delete TITLE 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Dayling Phone #

SIGNATURE: