

**2000 UNIFORM BUSINESS REPORT (UBR)**

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**DOCUMENT # P99000111259**

1. Entity Name

**LUCKY 7 #6, INC.**

*R*

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

04-23-2000 90013 021 \*\*\*150.00

Principal Place of Business 16700 N.W. 17TH AVENUE OPA LOCKA FL 33056	Mailing Address 16700 N.W. 17TH AVENUE OPA LOCKA FL 33056
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number <b>65-0980317</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>MERINO, MICHAEL-H</b> 6741 SPANSE DR DAVE FL 33314		7. Name and Address of New Registered Agent Name <b>MOHD IQBAL BANA</b> Street Address (P.O. Box Number is Not Acceptable) <b>16700 NW 17 AVE</b> <b>OPA LOCKA FL 33056</b> City <b>FL</b> Zip Code	
<b>MOHD IQBAL BANA</b> <b>1854 NE 214th TER.</b> <b>NM B FL 33074</b>			

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]* **MOHD IQBAL BANA (PRESIDENT)** 6/23/00  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BANA, MOHD IQBAL</b> <b>16700 N.W. 17TH AVENUE</b> <b>OPA LOCKA FL 33056</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>LAKHANL, MOHAMMAD I</b> <b>16700 N.W. 17TH AVENUE</b> <b>OPA LOCKA FL 33056</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>BANA, NAZIRA L</b> <b>16700 N.W. 17TH AVENUE</b> <b>OPA LOCKA FL 33056</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* **MOHD IQBAL BANA** 4/11/00 305 623-5682  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF T&S-11/11/00