2000 UNIFORM BUSINESS REPORT (UBR)

000273 1 AF

DOCUMENT # A98000000889

1. Entity Name

SUNCRUZ CASINO, LTD.

FILED

00 APR -5 PM 11:35

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
647 EAST DANIA BEACH BLVD DANIA FL 33044	647 EAST DANIA BEACH BLVD DANIA FL 33004-3018

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DANIA BEACH, FL	City & State: DANIA BEACH, FL
Zip: 33004 Country:	Zip: 33004 Country:

4. FEI Number 65-0826819 ☐ 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
WAGNER, JOAN CPA 647 EAST DANIA BEACH BLVD DANIA FL 33044	Name: WAGNER, J. Street Address (P.O. Box Number is Not Acceptable): 647 E DANIA BEACH BLVD City: DANIA BEACH FL Zip Code: 33004

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 _____ DATE

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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$990.00	60,535	

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000032631	STREET ADDRESS	
NAME	CASINO CRUZ, INC.	CITY-ST-ZIP	DANIA BEACH, FL 33004
STREET ADDRESS	647 EAST DANIA BEACH BLVD		FF $512.50
CITY-ST-ZIP	DANIA FL 33044		
DOCUMENT #		STREET ADDRESS	300003196523--6
NAME		CITY-ST-ZIP	-04/05/00--01030--001
STREET ADDRESS			****504.75 ****87.98
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	300003196523--6
STREET ADDRESS			-04/05/00--01030--002
CITY-ST-ZIP			****415.00 ****415.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (9/99)

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED Gus Boulis, Pres. 954/922-6700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #