

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 MAY -1 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **A98000000889**

1. Entity Name

SCC, LTD.

Principal Place of Business

647 EAST DANIA BEACH BLVD
DANIA BEACH FL 33004

Mailing Address

647 EAST DANIA BEACH BLVD
DANIA BEACH FL 33004

2. Principal Place of Business

% Atlantia Holdings
910 SE 17th St., Suite 300
Ft. Lauderdale, FL 33316

3. Mailing Address

% Atlantia Holdings
910 SE 17th St., Suite 300
Ft. Lauderdale, FL 33316



DO NOT WRITE IN THIS SPACE

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

WAGNER, JOAN CPA
647 EAST DANIA BEACH BLVD
DANIA BEACH FL 33004

7. Name and Address of New Registered Agent

Name

Wagner, J.

Street Address (P.O. Box Number is Not Acceptable)

%Atlantia Holdings

910 SE 17th St., #300

City

Ft. Lauderdale

FL

Zip Code

33316

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.

(NOT: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$60,535.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$0.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT # P98000032631
NAME CASINO CRUZ, INC.
STREET ADDRESS 647 EAST DANIA BEACH BLVD
CITY-ST-ZIP DANIA BEACH FL 33004

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

% Atlantia Holdings
910 SE 17th St., Suite 300
Ft. Lauderdale, FL 33316

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/30/01