

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G46079

1. Entity Name

CASINO DAIRY AND JUICE BAR, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90181 019 ***150.00

Principal Place of Business

Mailing Address

% PATRICIA D. MCGLYNN
6433 LANTANA PINES DRIVE
LANTANA FL 33462

% PATRICIA D. MCGLYNN
6433 LANTANA PINES DRIVE
LANTANA FL 33462-2567



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4 SOUTH OCEAN BLVD,

Suite, Apt. #, etc.
LAKE WORTH CASINO

Suite, Apt. #, etc.

City & State

City & State

LAKE WORTH, FL

4. FEI Number

59-2307738

Applied For

Not Applicable

Zip

Country

Zip

Country

FL 33460 P.B.C.

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

RAJEHWA, PATEL PATEL
4-S OCEAN BLVD. 4. SOUTH OCEAN BLVD,
LAKE WORTH FL 33100 Lake Worth Casino
LAKE WORTH FL 33460

Name

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

City

FL

Zip Code

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]

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) ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCGLYNN, PATRICIA 6433 LANTANNA PINES DR LANTANNA, FL 00000	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATEZ, JASHMINI 4-S OCEAN BLVD LAKE WORTH FL 33460	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATEZ, DUSHYANT 4-S OCEAN BLVD LAKE WORTH FL 33460	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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	T PATEL JASHMINI 4 SOUTH OCEAN BLVD LAKE WORTH FL 33460	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. PATEL DUSHYANT 4-SOUTH OCEAN BLVD LAKE WORTH FL 33460	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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)(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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

27 March 2000 561 588 0233

CR2E034 (9/99)