FILED

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## Jan 17, 2003 8:00 am Secretary of State **DOCUMENT #** H81393 1. Entity Name 01-17-2003 90041 049 \*\*\*150.00 CASINOS AUSTRIA MARITIME CORPORATION Principal Place of Business Mailing Address 4651 SHERIDAN ST. **4651 SHERIDAN STREET** #303 SUITE 303 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2715677 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHASE, ALAN R. ESQUIRE Street Address (P.O. Box Number is Not Acceptable) FOWIER, WHITE, BURNETT 9400 DADELAND BLVD., SUITE 600 MIAMI FL 33156 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. I am familiar with, and accept gisteled agent SIGNATURE NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE CR2E034 (10/02) ☐ Addition NAME JANCIK, THOMAS NAME STREET ADDRESS 4561 SHERIDAN STREET, SUITE 303 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP STD TITLE ☐ Delete ☐ Change Addition NAME **BLOCK, ARNOLD** NAME 4651 SHERIDAN STREET, SUITE 303 STREET ADDRESS STREET ADDRESS CITY-ST-7IP HOLLYWOOD FL 33021 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME VIERZIGER, ROBERT NAME STREET ADDRESS 4651 SHERIDAN STREET STE 303 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change noitibhA 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tB CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby 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 of the corporation or the receiver or instance 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 instance and execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

BLOCK

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR