

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006420

1. Entity Name
SUNCRUZ CASINOS L.L.C.

FILED

01 APR 11 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
ATTN: ACCOUNT PAYABLE DEPT.
647 E. DANIA BEACH BLVD.
DANIA FL 33004

Mailing Address
ATTN: ACCOUNT PAYABLE DEPT.
647 E. DANIA BEACH BLVD.
DANIA FL 33004



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

65-1012742

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BREIT, RICHARD H
3111 STIRLING RD
FT LAUDERDALE FL 33312

Name

RICHARD H. BREIT

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

RICHARD H. BREIT

DATE

4/4/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

200004035532--1

-04/20/01--01064--021

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

MANAGING MEMBER

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ADAM R. KIDAN
647 E. DANIA BEACH BLVD.
DANIA BEACH, FL 33004

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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☐ Change

☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ADAM R. KIDAN, MANAGING MEMBER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

924-929-3880

CR2E083 (11/00)