

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0031193

DOCUMENT # L02000010175

1. Entity Name

FLORIDA GAME MACHINE LEASING LLC



FILED

03 APR 30 AM 10:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

610 NORTH DIXIE HIGHWAY
LANTANA FL 33462

Mailing Address

610 NORTH DIXIE HIGHWAY
LANTANA FL 33462

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

45-0476701

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARK, MICHAEL G
610 NORTH DIXIE HIGHWAY
LANTANA FL 33462

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ~~MGR MEMBER~~ ☐ Delete
NAME ~~JOE~~
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR MBR ☐ Change ☒ Addition
NAME JUN GOLDSTEIN
STREET ADDRESS 610 N DIXIE HWY
CITY-ST-ZIP LANTANA, FL 33462

TITLE ~~MGR MEMBER~~ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR MBR ☐ Change ☒ Addition
NAME MICHAEL PESALVO
STREET ADDRESS 610 N DIXIE HWY
CITY-ST-ZIP LANTANA, FL 33462

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 600017592516
STREET ADDRESS 04/30/03--01085--020 **50.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

JUN GOLDSTEIN

MANAGING MEMBER

3-21-03

561-582-4434

CR2E083 (10/02)