

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90016 023 ****61.25

DOCUMENT # N14551

1. Entity Name
TWIN LAKES BINGO CORPORATION

Principal Place of Business 3055 BURRIS ROAD FT. LAUDERDALE FL 33314 US	Mailing Address 3055 BURRIS ROAD FT. LAUDERDALE FL 33314 US
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DO NOT WRITE IN THIS SPACE

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	NOT APPLICABLE	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MENGA, JOAN
 3055 BURRIS ROAD
 FT. LAUDERDALE FL 33314**

7. Name and Address of New Registered Agent

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 *Joan Menga* **JOAN MENGA** **1/15/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, LYNDA	
STREET ADDRESS	3055 BURRIS ROAD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KINGSBERG, RICHARD	
STREET ADDRESS	661 NE 195TH STREET #308	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MARBIN, SHERRIE	
STREET ADDRESS	20101 NE 20TH CT	
CITY-ST-ZIP	N.M.B. FL 33179	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard E Kingsberg* **RICHARD E KINGSBERG** **1/15/02** **587-0101**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)