

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90088 001 \*\*\*150.00

DOCUMENT # P00000009295

1. Entity Name

CASINO RATEE PLAYERS, INC. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

9553 HARDING AVE  
Suite, Apt. #, etc. # 301

3. Mailing Address

9553 HARDING AVE  
Suite, Apt. #, etc. # 301

DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH

City & State

MIAMI BEACH

4. FEI Number

65 097 8702

Applied For

Not Applicable

Zip

33134

DADE

Zip

33134

Country

DADE

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

WILLIAM FORHAN

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

1000 S. OCEAN BLVD #510

City

POMPAHO BEACH

FL

Zip Code

33062

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

9/5/02  
DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>CEO</u> <u>WILLIAM FORHAN</u> <u>REGISTERED AGENT</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>SECR</u> <u>WILLIAM FORHAN</u> <u>REGISTERED AGENT</u>
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

W Forhan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CEO 9/5/02

CR2E034B (12/01)

Attachment  
#70000009295  
125600

Casino Rated Players, Inc.



UNIFORM BUSINESS REPORT  
PO BOX 1500  
TALLAHASSEE, FL. 32302

September 9, 2002

Re Annual Report

Dear Sir

Enclosed find Annual Report and check for \$ 150.00.

We moved offices in January 2002 and never received notice of filing. Our CPA firm advised me of our need to update location with State of Florida.

Please accept our filing without penalty.

Sincerely,

A handwritten signature in black ink, appearing to read "W. Forhan", with a long horizontal flourish extending to the right.

William Forhan  
CEO