

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Sep 08, 2003 8:00 am  
Secretary of State

09-08-2003 90125 017 \*\*\*550.00

0076355 AV

**DOCUMENT #** P02000120678  
1. Entity Name  
MONTE CARLO AMUSEMENT CENTER, INC.



Principal Place of Business  
2100 SW 97 LANE  
FT. LAUDERDALE FL 33324

Mailing Address  
2100 SW 97 LANE  
FT. LAUDERDALE FL 33324



2. Principal Place of Business  
5511 University Dr  
Suite, Apt. #, etc.

3. Mailing Address  
4844 Hibbs Grove Cir  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
DAVIE FLA

City & State  
COOPER CITY FLA

Zip  
33324

Country  
USA

Zip  
33330

Country  
USA

4. FEI Number  
Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required\*

6. Name and Address of Current Registered Agent  
BAYER, PAULETTE  
2100 SW 97 LANE  
FT. LAUDERDALE FL 33324  
*new address*

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

SIGNATURE: *Paulette Bayer* *Paulette Bayer*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAYER, PAULETTE 2100 SW 97 LANE FT. LAUDERDALE FL 33324 <i>4844 Hibbs Grove Cir Cooper City FLA 33330</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUCCI, ARTHUR 2100 SW 97 LANE FT. LAUDERDALE FL 33324	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 607, 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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Paulette Bayer*  
Date Daytime Phone #

CR2E034 (4/03)