

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P36363**
 1. Entity Name
LATIN AMERICAN CASINOS, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State
 04-27-2000 90030 050 ***150.00

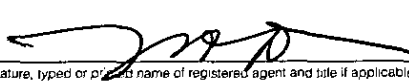
Principal Place of Business Mailing Address
2000 NE 164TH STREET 2000 NE 164TH STREET
NO. MIAMI BEACH, FL 33162 NO. MIAMI BEACH, FL 33162

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 Applied For
65-0159115 ☐ Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LYONS, LLOYD
2000 NE 164TH STREET
NO. MIAMI BEACH, FL 33162

7. Name and Address of New Registered Agent
 Name **JEFFREY A. FELDER**
 Street Address (P.O. Box Number is Not Acceptable) **2000 NE 164TH STREET**
 City **NO. MIAMI BEACH** FL Zip Code **33162**

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  **JEFFREY A. FELDER PRES./CHAIRMAN/DIRECTOR** 03/24/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	PC	<input checked="" type="checkbox"/> Delete
NAME	LYONS, LLOYD	
STREET ADDRESS	2000 NE 164TH STREET	
CITY-ST-ZIP	NO. MIAMI BEACH FL 33162	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LYONS, GERALDINE	
STREET ADDRESS	2000 NE 164TH STREET	
CITY-ST-ZIP	NO. MIAMI BEACH	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SCHIFFOAR, DONALD	
STREET ADDRESS	2000 NE 164TH STREET	
CITY-ST-ZIP	NO. MIAMI BEACH, FLORIDA 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	CABALLERO, JOSE A	
STREET ADDRESS	8383 NW 66TH STREET	
CITY-ST-ZIP	MIAMI, FLORIDA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDER, JEFFREY, A.	
STREET ADDRESS	2000 NE 164TH STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH, FLORIDA 33162	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2000 NE 164TH STREET	
STREET ADDRESS	NORTH MIAMI BEACH, FL 33162	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRY, DENNIS R	
STREET ADDRESS	2000 NE 164TH STREET	
CITY-ST-ZIP	NO MIAMI BEACH, FL 33162	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARCIA, ANGEL	
STREET ADDRESS	2000 NE 164TH STREET	
CITY-ST-ZIP	NO MIAMI BEACH, FL 33162	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JEFFREY A. FELDER** 03/24/00 305-945-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)