

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90463 021 ***150.00

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1. Entity Name

DR. MAUREEN SMITH CASINOS OF FLORIDA, INC.



Principal Place of Business

C/O GUTTER JOSEPH & RUFFIN PA
100 WEST CYPRESS CREEK RD. #900
FT. LAUDERDALE FL 33309
US

Mailing Address

C/O GUTTER JOSEPH & RUFFIN PA
100 WEST CYPRESS CREEK RD. #900
FT. LAUDERDALE FL 33309
US

2. Principal Place of Business

2101 Corporate Blvd
Suite 107

3. Mailing Address

2101 Corporate Blvd
Suite 107

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33431

Country

USA

Zip

33431

Country

USA

4. FEI Number

65-0476197

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SMITH, MAUREEN

100 WEST CYPRESS CREEK RD #900
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

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

2101 Corporate Blvd., Suite 107

City

Boca Raton

FL

Zip Code

33431

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 \$150.00

After May 1, 2003 Fee will be \$550.00

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 **D** ☐ Delete
NAME **SMITH, MAUREEN**
STREET ADDRESS **100 WEST CYPRESS CREEK RD #900**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2101 Corporate Blvd., Suite 107**
CITY-ST-ZIP **Boca Raton, FL 33431**

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

TITLE ☐ Change ☐ Addition
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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 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 info empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/02 954-561-1611

CR2E034 (10/02)