

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000029050

1. Entity Name

GALAXY ENTERTAINMENT OF SOUTH FLORIDA, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90063 030 ***150.00

Principal Place of Business Mailing Address
1129 SAWGRASS CORPORATE PARKWAY 1129 SAWGRASS CORPORATE PARKWAY
SUNRISE FL 33323 SUNRISE FL 33323-2847

2. Principal Place of Business 3. Mailing Address
11850 West State Rd. 84 11850 West State Rd. 84
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite A-3 Suite A-3
City & State City & State
DAVIE, FL DAVIE, FL
Zip Country Zip Country
33325 USA 33325 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0749994 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRIEDMAN, MARC
1129 SAWGRASS CORPORATE PARKWAY
SUNRISE FL 33323

Name: Friedman, Marc
Street Address (P.O. Box Number is Not Acceptable)
11850 West State Rd. 84 Suite A-3
City DAVIE FL Zip Code 33325

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

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

(NOTE: Registered Agent signature required when reinstating)

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	PTSD	<input type="checkbox"/> Delete
NAME	ORISTANO, CHAD	
STREET ADDRESS	14106 S CYPRESS COVE CIRCLE	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ORISTANO, LAURI	
STREET ADDRESS	14106 S CYPRESS COVE CIRCLE	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11850 West State Rd. 84 Suite A-3	
STREET ADDRESS	DAVIE, FL 33325	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11850 West State Rd. 84 Suite A-3	
STREET ADDRESS	DAVIE, FL 33325	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Lauri Oristano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-00 954-857-9599

CR2E034 (9/99)