

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103756

1. Entity Name

VIVA GAMING & RESORTS INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90088 050 ***150.00

Principal Place of Business

Mailing Address

3653 HOWARD HUGHES PARKWAY
SUITE 200
LAS VEGAS NV 89109

3653 HOWARD HUGHES PARKWAY
SUITE 200
LAS VEGAS NV 89109

2. Principal Place of Business

3753 Howard Hughes Parkway

3. Mailing Address

3753 Howard Hughes Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0873132

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCHNEIDER, JAMES M ESQ.
ATLAS PEARLMAN TROP & BORKSON, PA
200 E. LAS OLAS BLVD, S TE 1900
FORT LAUDERDALE FL 33301

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/C	<input type="checkbox"/> Delete
NAME	SIM, ROBERT	
STREET ADDRESS	#401-750 W PENDER STREET	2201-1238 Richards
CITY-ST-ZIP	VANCOUVER, B.C. CANADA V6G 2T8	V6B 3G3
TITLE	D	<input type="checkbox"/> Delete
NAME	SIM, ROSE	2201-1238 Richards
STREET ADDRESS	#401-750 W PENDER STREET	
CITY-ST-ZIP	VANCOUVER, B.C. CANADA V6G 2T8	V6B 3G3
TITLE	P/D	<input type="checkbox"/> Delete
NAME	Martie Gross	
STREET ADDRESS	2122 White Birch Lane	
CITY-ST-ZIP	Las Vegas NV 89134	
TITLE	D.	<input type="checkbox"/> Delete
NAME	JOHN D. Lee	
STREET ADDRESS	5854 DEL REY AVE	
CITY-ST-ZIP	LAS VEGAS, NV. 89146	
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"/> 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	
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/00

Date

702-262-6472

Daytime Phone #

CR2E034 (9/99)