

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000032631**1. Entity Name
CASINO CRUZ, INC.**FILED**
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90793 037 ***150.00

Principal Place of Business Mailing Address
% Atlantia Holdings % Atlantia Holdings
910 S.E. 17th St., Suite 300 910 S.E. 17th St., Suite 300
Ft. Lauderdale, FL 33316 Ft. Lauderdale, FL 33316

553064

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0826520		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****WAGNER, J.**
647 E DANIA BEACH BLVD
DANIA FL 33004**Wagner, J.**
% Atlantia Holdings
910 SE 17th St., # 300
Ft. Lauderdale, FL 33316**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 DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PVST	<input checked="" type="checkbox"/> Delete		TITLE	P	Change	<input checked="" type="checkbox"/> Addition
NAME	BOULIS, GUS			NAME	Bailey, William A.		
STREET ADDRESS	647 E. DANIA BEACH BLVD.			STREET ADDRESS	% Atlantia Holdings		
CITY-ST-ZIP	DANIA BEACH FL 33004			CITY-ST-ZIP	910 SE 17 th St., # 300		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	S	Change	<input checked="" type="checkbox"/> Addition
NAME	BOULIS, GUS			NAME	Farrell, James B.		
STREET ADDRESS	647 E. DANIA BEACH BLVD.			STREET ADDRESS	% Atlantia Holdings		
CITY-ST-ZIP	DANIA BEACH FL 33004			CITY-ST-ZIP	910 SE 17 th St., #300		
TITLE		<input type="checkbox"/> Delete		TITLE	Ft. Lauderdale, FL 33316	Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4/30/01
Date

Daytime Phone #