

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079017

1. Entity Name

JACKPOT ENTERPRISES, INC.

Principal Place of Business

6245 N FEDEAL HWY 3RD FL
FT LAUDERDALE FL 33308

Mailing Address

6245 N FEDEAL HWY 3RD FL
FT LAUDERDALE FL 33308-1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ROSETTI, CHRISTOPHER
6245 N FEDERAL HWY 3RD FL
FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name
LARRY CAMACHO
Street Address (P.O. Box Number is Not Acceptable)
6245 N. FEDERAL Hwy 3rd FL
City
FT LAUDERDALE FL Zip Code
33308

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

Larry Camacho

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SANTIAGO, ROBERT ☒ Delete
6245 N FEDERAL HWY 3RD FL
FT LAUDERDALE FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
CAMACHO, LARRY ☐ Change ☒ Addition
6245 N FEDERAL Hwy 3rd FL
FT. LAUDERDALE, FL 33308

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

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

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

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

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

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:

Larry Camacho

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY CAMACHO 4/26/2000 (954) 453-6207

Date

Daytime Phone #

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90205 002 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR**
65-0895066

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required