FILED Jul 30, 2002 8:00 am Secrétary of State

07-30-2002 90402 001 ***150.00 07-30-2002 90402 002 *****8.75

2002 UNIFORM BUSINESS REPORT (UBR)

P99000040816

DOCUMENT # 1. Entity Name

CASINO EXPRESS OF CENTRAL FLORIDA, INC.

Principal Place of Business 105 ROLLINGWOOD TR

ALTAMONTE SPRINGS FL 32714

Mailing Address

105 ROLLINGWOOD TR

ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business	P. 0. 60 X 940 33 2
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	MAITIMAD, FORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 59-3731275 Not Applicable Zip Country Country A \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

FRADEN, BERNIE 105-ROLLINGWOOD TR ALTAMONTE SPRINGS FL 32714 EDWARD

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

DRIANDO

8. The above named epity 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

the obligations of registered agent dward A. Kerben **SIGNATURE**

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

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 TITLE ☐ Delete [] Change ☐ Addition **FURNO, MARIO** NAME 1747 HARBOUR BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34744 CITY-ST-ZIP TITI F TITLE ☐ Change ☐ Addition NAME FRADEN, BERNIE STREET ADDRESS 105 ROLLINGWOOD TRAIL STREET ADDRESS CITY-ST-7IP ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME" NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition 图"如此"是"为是 NAME STREET ADDRESS 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 supplied ental 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:

AHAChniert

99900040816

CASINO EXPRESS OF CENTRAL FLORIDA, INC PO BOX 940332 MAITLAND, FL 32794-0332 (407)682-7529 (800)542-9002 FAX (407)682-7891

Representing the world's finest hotels and casinos"

I sent a check in the amount of 150.00 on March 26^{th} . My accountant informed me that the check never cleared.

I am sending a replacement check as well as a check of \$8.75 for a certificate of status.

I am also enclosing a copy of my checkbook stub.

Sincerely,

MARIO FURNO

William Control

