

2000 UNIFORM BUSINESS REF (R)

DOCUMENT # PQ900004191047

1. Entity Name
CASINIRS OF FLORIDA INCFILED
SECRETARY OF STATE

04-10-2000 90050 008 ***150.00

00 MAY 30 AM 6:39

Principal Place of Business
8993 Okeechobee Blvd. #106
W. PALM BEACH, FL 33411

Mailing Address

2. Principal Place of Business
8993 Okeechobee Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#106

City & State
W. PALM BEACH, FLCity & State
FLZip
33411Country
USA

Zip

Country

4. FEI Number

63-0969995

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CAROL VIRGA
CASINIRS OF FLORIDA INC
8993 Okeechobee Blvd #106
W. PALM BEACH, FL 33411

7. Name and Address of New Registered Agent

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 reinstalling)

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PRESIDENT
CAROL VIRGA
111 Yacht Club Way #206
HYPOLEXO, FL 33411☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VICE PRESIDENT
DARLYN PIERCE
5265 Cedar Lake Rd. #616
BOYNTON BEACH, FL 33437☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-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:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

4-1-00. 561-753-8530

CR2E034 (9/99)