

2001 UNIFORM BUSINESS REPORT (UBR)

3

FILED

Apr 12, 2001 8:00 am
Secretary of State

03-29-2001 90370 018 ***158.75

DOCUMENT # P99000070453

1. Entity
GAMEROOM USA II, INC.

Principal Place of Business

1211 - 17TH STREET
MIAMI BEACH FL 33139

Mailing Address

1211 - 17TH STREET
MIAMI BEACH FL 33139

2. Principal Place of Business

1211 17 STREET
Suite, Apt. #, etc.

3. Mailing Address

12 11 17 STREET
Suite, Apt. #, etc.

City & State

MIAMI BEACH FLA.
Zip Country

City & State

MIAMI BEACH FLORIDA
Zip Country

4. FEI Number 65-0938513

Applied For
(Not Applicable)

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROMERO-TEJEDA, CARMEN S
1525 S. ANDREWS AVENUE, SUITE 7
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name: MARCIA C. DOMINGUEZ
Street Address (P.O. Box Number Not Acceptable): 6937 BAY DRIVE APT. 205
City: MIAMI BEACH FLA. 33141

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: *Marcia C. Dominguez* PRESIDENT DIRECTOR
(Signature, type or print name of registered agent and date of filing) (Signature of registered agent required when reinstating)

3/13/01
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, 2001 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	D	<input checked="" type="checkbox"/> Delete
NAME	LAPLACE, UBERTO	
STREET ADDRESS	1211 - 17TH STREET	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCIA C. DOMINGUEZ	
STREET ADDRESS	6937 BAY DRIVE #205	
CITY-ST-ZIP	MIAMI BEACH, FLORIDA 33141	
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		
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		

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: *Uberto Laplace*
(Signature and typed or printed name of signing officer or director)

3/13/01

(305) 531-1998
Daytime Phone #

CR2E034 (10/00)