

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000090769**

1. Entity Name

FREECASINO.COM INC.**FILED**
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90293 041 ***150.00

Principal Place of Business 2501 E COMMERCIAL BLVD 200 FORT LAUDERDALE FL 33308	Mailing Address 2501 E COMMERCIAL BLVD 200 FORT LAUDERDALE FL 33308
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2. Principal Place of Business 4040 GALT OC. DR Suite, Apt. #, etc. 601	3. Mailing Address 2805 E. OAKLAND PK Suite, Apt. #, etc. PMB 249 BLVD.
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City & State FORT LAUDERDALE, FL.	City & State Ft. LAUDERDALE, FL.
Zip 33308	Zip 33306
Country US	Country US



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2197635	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****EHRlich, MARTIN
4040 GALT OCEAN DR
601
FORT LAUDERDALE FL 33308****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 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, 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-PRES	<input type="checkbox"/> Delete
NAME	EHRlich, MARTIN J	
STREET ADDRESS	4040 GALT OCEAN DRIVE #601	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KLINE, STARLETT	
STREET ADDRESS	3200 PORT ROYALE DR N 704	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
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	<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	
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: Martin J. Ehrlich **MARTIN J. EHRlich** 1/15/01 954-351-0022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #