

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000091111**

1. Entity Name

CARUSO CASINO TOURS, INC.**FILED****00 SEP 21 PM 3:44****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**2109 N. 14TH AVENUE
HOLLYWOOD FL 33020**

Mailing Address

**2109 N. 14TH AVENUE
HOLLYWOOD FL 33020**

2. Principal Place of Business

2109 N. 14th Avenue

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

City & State

4. FEI Number

65-0961211☒ Applied For☐ Not Applicable

Zip

33020

Country

USA

Zip

Country

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

8. Name and Address of Current Registered Agent

**RUSSIN, PETER D
MELAND & RUSSIN, P.A.
200 S. BISCAYNE BLVD., STE. 2420
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

9. 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

Peter D. Russin**Peter D. Russin****9-8-00**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	SD	<input type="checkbox"/> Delete
NAME	CARUSO, CHERYL B	
STREET ADDRESS	2109 N. 14TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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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
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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:

Stanley B. Caruso**09/08/00****954-923-0602**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

attachment
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LAW OFFICES OF
MELAND & RUSSIN, P.A.
2420 FIRST UNION FINANCIAL CENTER
200 SOUTH BISCAYNE BOULEVARD
MIAMI, FLORIDA 33131

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JEFFREY S. BERLOWITZ

TELEPHONE (305) 358-6363
TELEFAX (305) 358-1221

September 8, 2000

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Caruso Casino Tours, Inc./2000 Uniform Business Report

Dear Division:

Please find enclosed the completed 2000 Uniform Business Report for Caruso Casino Tours, Inc. along with the filing fee check for \$150.00. As I advised by your office, neither the company nor the registered agent received the original notice to file the report. I was therefore instructed by your office to submit the report with the check for \$150.00.

Thank you for your assistance.

Very truly yours,


Jeffrey S. Berlowitz

JSB/

cc: Caruso Casino Tours, Inc.