

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S87360

1. Entity Name

CREATIVE GAMING SYSTEMS, INC.

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90233 042 ***150.00

Principal Place of Business

6400 CONGRESS AVENUE
SUITE 2700
BOCA RATON FL 33487
US

Mailing Address

C/O HIXSON, MARIN, POWELL & DE SANCTS PA
16100 N.E. 16 AVENUE, SUITE B
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

4901 N. Dixie Highway

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Zip

33431

Country

Country

4. FEI Number 65-0291577

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TEITEL, DAN
6400 CONGRESS AVENUE
SUITE 2700
BOCA RATON FL 33487

Name

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

4901 N. Dixie Highway

City

Boca Raton

FL

Zip Code

33431

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 Dan Teitel, President

2/8/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	TEITEL, DAN	
STREET ADDRESS	6400 CONGRESS AVENUE, SUITE 2700	
CITY-ST-ZIP	BOCA RATON FL	
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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4901 N. Dixie Highway	
CITY-ST-ZIP	Boca Raton FL 33431	
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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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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/01

561 916 9717

CR2E034 (10/00)