## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 22, 2002 8:00 am Secretary of State P00000029653 DOCUMENT # 1. Entity Name ALL CRUISE AUCTION, INC. Principal Place of Business Mailing Address 5831 N.E. 1ST AVENUE 5831 N.E. 1ST AVENUE FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0993757 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **DUBINSKY, CHARLES** Street Address (P.O. Box Number is Not Acceptable) 5831 N.E. 1ST AVENUE FORT LAUDERDALE FL 33334 Zip Code City This statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entire subm SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PRESIDENT ☐ Delete TITLE TITLE DUBINSKY, CHARLES NAME NAME STREET ADDRESS 5831 N.E. 1ST AVENUE STREET ADDRESS FORT LAUDERDALE FL 33334 CITY-ST-ZIP CITY-ST-ZIP Change TIT) F ☐ Delete TITLE GAYNELL DUBINSKY NAME NAME 31 NE IAVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUDERDALE CITY-ST-ZIP 3333W ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME \_ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment wi

SIGNATURE AND TYPED OH PRIN TED NAME OF SIGNING OFFICER OR DIRECTOR

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