

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90094 043 ***158.75

DOCUMENT # P02000015285

1. Entity Name
CRUISES LOGISTIC USA, INC.



Principal Place of Business
**12972 SW 133RD CT
MIAMI FL 33186**

Mailing Address
**12972 SW 133RD CT
MIAMI FL 33186**



2. Principal Place of Business
11825 NW 100TH ROAD
Suite, Apt. #, etc. **SUITE 1**

3. Mailing Address
11825 NW 100TH ROAD
Suite, Apt. #, etc. **SUITE 1**

☐ CHECK HERE IF MAKING CHANGES

City & State
MEDLEY FL
Zip
33178
Country
USA

City & State
MEDLEY FL
Zip
33178
Country
USA

4. FEI Number **27-0001056** ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CASAL, JULIA
12972 SW 133RD CT
MIAMI FL 33186

7. Name and Address of New Registered Agent
Name **JULIA CASAL**
Street Address (P.O. Box Number is Not Acceptable)
C/O CRUISES LOGISTIC USA
11825 NW 100TH ROAD #1
City **MEDLEY** **FL** Zip Code **33178**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE **1/13/03**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	CASAL, JULIA
STREET ADDRESS	11426 NW 48 TERRACE
CITY-ST-ZIP	MIAMI FL 33178
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT/Director
STREET ADDRESS	CASAL, JULIA
CITY-ST-ZIP	11825 NW 100TH ROAD SUITE 1
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	MEDLEY, FL 33178
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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** DATE **1/13/03** DAYTIME PHONE # **305 8842410**

CR2E034 (10/02)