

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90099 029 ***150.00

DOCUMENT # 215436

1. Entity Name
STARBOARD CRUISE SERVICES, INC.

Principal Place of Business

8052 NW 14TH STREET
P.O. BOX 592355
MIAMI FL 33126

Mailing Address

8052 NW 14TH STREET
P.O. BOX 592355
MIAMI FL 33126

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0861908**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	NORRIS, ROBIN	
STREET ADDRESS	8052 NW 14TH STREET	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	C	<input type="checkbox"/> Delete
NAME	MIGUEL, JEAN-PIERRE	
STREET ADDRESS	8052 N.W. 14TH STREET	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	V	<input type="checkbox"/> Delete
NAME	GAETAN, OSCAR	
STREET ADDRESS	8052 NW 14TH STREET	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CAPARIS, PETER	
STREET ADDRESS	8052 N.W. 14TH STREET	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	S	<input type="checkbox"/> Delete
NAME	ZACHARIA, MICHAEL E	
STREET ADDRESS	525 MARKET ST, 36TH FLOOR	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HARRISON, KEITH	
STREET ADDRESS	525 MARKET ST 36TH FLOOR	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	

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	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luciano, William	
STREET ADDRESS	8052 NW 14th Street	
CITY-ST-ZIP	Miami, FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Manum, Steve	
STREET ADDRESS	525 Market st 36th Floor	
CITY-ST-ZIP	San Francisco, CA 94105	

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: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

2002/01/20

Date

786.845.7383

Daytime Phone #

CR2E034 (9/01)