

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

0144857

**DOCUMENT # 215436**

1. Entity Name

**STARBOARD CRUISE SERVICES, INC.**

04-23-2001 90153 001 \*\*\*150.00

Principal Place of Business

Mailing Address

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

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

**00039458**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0861908**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

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

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 \_\_\_\_\_ (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	VPS	<input checked="" type="checkbox"/> Delete
NAME	DAMIANO, PIGNATO J	
STREET ADDRESS	8052 NW 14TH STREET	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	PD.	<input checked="" type="checkbox"/> Delete
NAME	MIQUEL, JEAN-PIERRE	
STREET ADDRESS	8052 N.W. 14TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GREGORY, NICHOLS M	
STREET ADDRESS	8052 NW 14TH STREET	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	STEPHEN, CHAIT G	
STREET ADDRESS	8052 N.W. 14TH STREET	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VPAS	<input checked="" type="checkbox"/> Delete
NAME	SONIA, JENSEN	
STREET ADDRESS	8052 SW 14TH STREET	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VPF	<input checked="" type="checkbox"/> Delete
NAME	CAPARIS, PETER	
STREET ADDRESS	8052 NW 14TH STREET	
CITY-ST-ZIP	MIAMI FL 33126	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Norris, Robin	
STREET ADDRESS	8052 N.W 14th street	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Miguel, Sean-Pierre	
STREET ADDRESS	8052 Nw 14th street	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gaetan, Oscar	
STREET ADDRESS	8052 Nw 14th street	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Caparis, Peter	
STREET ADDRESS	8052 N.W 14th street	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zacharia, Micheal E.	
STREET ADDRESS	525 Market St, 36th Floor	
CITY-ST-ZIP	SAN FRANCISCO, CA 94105	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harrison, Keith	
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

Date

Daytime Phone #

*Peter Caparis*

4/16/01

CR2E094 (10/00)