

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


021179 AV

DOCUMENT # 215436

1. Entity Name
STARBOARD CRUISE SERVICES, INC.



FILED
03 APR 17 PM 3: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**8052 NW 14TH STREET
MIAMI FL 33126**

Mailing Address
**8052 NW 14TH STREET
MIAMI FL 33126**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-0861908**

Applied For
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP	200016221312	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 **DAVID A. SUZUKI, ASST. SECRETARY** 4/9/03 415 977 5865

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 054143 7222072

AUTHORIZATION : *Patricia Pizuto*

COST LIMIT : \$ 150.00

ORDER DATE : April 17, 2003

ORDER TIME : 11:39 AM

ORDER NO. : 054143-010

CUSTOMER NO: 7222072

CUSTOMER: Eric Davis
Dfs Group Limited
33rd Floor, First Market Tower
525 Market Street
San Francisco, CA 94105

RECEIVED
03 APR 17 PM 1:23
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: STARBOARD CRUISE SERVICES,
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward-EXT#1135

EXAMINER'S INITIALS: _____