

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 341129

1. Entity Name

NORWEGIAN CRUISE LINES INC

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90066 025 ***150.00

Principal Place of Business

7665 CORPORATE CENTER DR.
MIAMI FL 33126
US

Mailing Address

ROBERT M. KRITZMAN
C/O INTERNATIONAL MARKETING & SALES
7665 CORPORATE CENTER DR.
MIAMI FL 33126-1201
US

2. Principal Place of Business

3. Mailing Address

90 ROBERT M KRITZMAN
Suite, Apt. #, etc.

7665 Corporate Center Dr
City & State

Miami FL 33126
Zip

33126
Country

U.S.A



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0138764

Applied For

Not Applicable

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

MASE, CURTIS J. E
2600 BRICKELL BAY OFFICE TOWER
1001 S. BAYSHORE DR.
MIAMI FL 33131

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	ANNE, GEP	
STREET ADDRESS	7665 CORPORATE CENTER DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	COOLER, LAMARR	
STREET ADDRESS	7665 CORPORATE CENTER DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	KRITZMAN, ROBERT M.	
STREET ADDRESS	7665 CORPORATE CENTER DR.	
CITY-ST-ZIP	MIAMI FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEITCH, COLIN	
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		<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		

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:

ROBERT M. KRITZMAN ROBERT M. KRITZMAN

3/8/00

(305) 436 4651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)