

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90814 033 ***558.75

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DOCUMENT # 479723

1. Entity Name

TRITON CRUISE SERVICES, INC.

Principal Place of Business

**1007 NORTH AMERICA WAY
#407
MIAMI FL 33132**

Mailing Address

**1007 NORTH AMERICA WAY
#407
MIAMI FL 33132**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1696604

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

PIETRO, LOUIS

**1007 NORTH AMERICAN WAY
SUITE 407
MIAMI FL 33132**

Name

Kenneth F. Claussen

Street Address (P.O. Box Number is Not Acceptable)

4675 Ponce DeLeon Blvd. Suite 305

City

Coral Gables

FL

Zip Code

33146

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

Kenneth F. Claussen

6-26-02

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
NAME **D PIETRO, LOUIS** ☒ Delete
STREET ADDRESS **44 PALERMO**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE
NAME **Director, Vice-President** ☒ Change ☐ Addition
STREET ADDRESS **Virginia R. Pietro**
CITY-ST-ZIP **44Palermo Ave Coral Gables, FL 33134**

TITLE
NAME **S DI CICCO, RICHARD A.** ☒ Delete
STREET ADDRESS **6501 SW 51 TERR.**
CITY-ST-ZIP **S. MIAMI FL**

TITLE
NAME **Secretary** ☒ Change ☐ Addition
STREET ADDRESS **Kenneth F. Claussen**
CITY-ST-ZIP **4675 Ponce DeLeon Blvd**
Coral Gables, FL 33146

TITLE
NAME **P MAIRUNTEREGGER, REINHARDT** ☐ Delete
STREET ADDRESS **11823 SW 44 ST**
CITY-ST-ZIP **DAVIE FL**

TITLE
NAME **Director** ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Kenneth F. Claussen

6-26-02

305-666-5222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

B0126817



DO NOT WRITE IN THIS SPACE