

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000002087**

1. Entity Name

BC CRUISES OF FLORIDA, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 29 AM 10:42

Principal Place of Business
**1601 BELVEDERE ROAD, SUITE 407-SOUTH
WEST PALM BEACH FL 33406**

Mailing Address
**1601 BELVEDERE ROAD, SUITE 407-SOUTH
WEST PALM BEACH FL 33406-1541**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3409376**

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

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

**BERKOW, JOANNE
1601 BELVEDERE ROAD, SUITE 407-SOUTH
WEST PALM BEACH FL 33406**

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. Capital Contributions as Shown on record. **\$25,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P96000066168**
NAME **TENCO CRUISES CORP.**
STREET ADDRESS **1601 BELVEDERE ROAD, SUITE 407-SOUTH**
CITY - ST - ZIP **WEST PALM BEACH FL 33406**

STREET ADDRESS

CITY - ST - ZIP

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******263.75 ****263.75**

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

JOANNE BERKOW
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-3-00

Date

Daytime Phone #