

2001 UNIFORM BUSINESS REPORT (3R)

DOCUMENT # A99000001253

1. Entity Name

ARENA CRUISES, LTD.

Principal Place of Business

ONE SOUTHEAST THIRD AVENUE, SUITE 2300
MIAMI FL 33131

Mailing Address

ONE SOUTHEAST THIRD AVENUE, SUITE 2300
MIAMI FL 33131

2. Principal Place of Business

601 BISCAYNE BLVD

Suite, Apt. #, etc.

AMERICAN AIRLINES ARENA

City & State

MIAMI, FL

Zip

33132

Country

USA

3. Mailing Address

601 BISCAYNE BLVD

Suite, Apt. #, etc.

AMERICAN AIRLINES ARENA

City & State

MIAMI, FL

Zip

33132

Country

USA

4. FEI Number

65-0938104

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131

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.

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.

\$1,000.00

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

DOCUMENT # P99000067695
NAME ARENA CRUISES, INC.
STREET ADDRESS ONE SOUTHEAST THIRD AVENUE, SUITE 2300
CITY-ST-ZIP MIAMI FL 33131

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	700003803287-9
STREET ADDRESS	03/05/01-01119-023
CITY-ST-ZIP	***150.00-***150.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Samuel D. Schuman

1/18/01

786-777-4004

Daytime Phone #

CR2E003 (11/00)

003788 AF

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE