

2001 UNIFORM BUSINESS REPORT (3R)

003788 AF

DOCUMENT # A99000001253

1. Entity Name

ARENA CRUISES, LTD.

FILED

01 MAR -2 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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 AMERICAN AIRLINES ARENA MIAMI FL**
3. Mailing Address: **601 BISCAYNE BLVD AMERICAN AIRLINES ARENA MIAMI FL**

4. FEI Number: **65-0938104**
Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
Zip: **33132** Country: **USA**

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: _____ (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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P99000067695	STREET ADDRESS	
NAME	ARENA CRUISES, INC.	CITY-ST-ZIP	
STREET ADDRESS	ONE SOUTHEAST THIRD AVENUE, SUITE 2300		
CITY-ST-ZIP	MIAMI FL 33131		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			700003803287--9
CITY-ST-ZIP			03/05/01-0119-023
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			***150.00***150.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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 REQUIRED** *Samuel D. Schuman* **1/18/01** **786-777-9009**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)