

# 2002 UNIFORM BUSINESS REPORT (UBR)

0009795 AT

DOCUMENT # **A99000001253**

1. Entity Name  
**ARENA CRUISES, LTD.**

FILED

02 JAN 14 AM 10: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**601 BISCAYNE BLVD.  
AMERICAN AIRLINES ARENA  
MIAMI FL 33132**

Mailing Address  
**601 BISCAYNE BLVD.  
AMERICAN AIRLINES ARENA  
MIAMI FL 33132**



2. Principal Place of Business		3. Mailing Address		<b>DUE BY MAY 1, 2002</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0938104</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE, SUITE 3000 MIAMI FL 33131</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	<b>\$1,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>P99000067695 ARENA CRUISES, INC. ONE SOUTHEAST THIRD AVENUE, SUITE 2300 MIAMI FL 33131</b>	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	<b>000004778610--8 -01/16/02--01069--022 ****150.00 ****150.00</b>
		CITY-ST-ZIP	
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		CITY-ST-ZIP	
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		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: **SAMUEL D. SCHULMAN**  
**SIGNATURE REQUIRED** PRESIDENT  
Date: **1/8/02** Daytime Phone #: **786-777-4082**

CR2E003 (9/01)