

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2001 8:00 am**
Secretary of State

04-19-2001 90317 037 ***150.00

DOCUMENT # F00000000977

1. Entity Name

CRUISES LIMITED USA, INC.

Principal Place of Business

**5021 W. CUSTER DRIVE
BEVERLY HILLS FL 34465-2158**

Mailing Address

**P.O. BOX 640863
BEVERLY HILLS FL 34464-0863**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **75-2192365**

Applied For

Not Applicable

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

**CABRERA, MARC A
201 CRANDON BLVD., SUITE 920
KEY BISCAYNE FL 33149**

Name

CABRERA, LOUIS

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

5021 W. CUSTER DRIVE

City

BEVERLY HILLS FL

Zip Code

34465-2158

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

*Louis Cabrera***LOUIS CABRERA****4-15-2001**

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, 2001 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	CDT	<input type="checkbox"/> Delete
NAME	CABRERA, LOUIS	
STREET ADDRESS	5818 BENT CREEK TRAIL	
CITY-ST-ZIP	DALLAS TX 75252-2338	
TITLE	PDS	<input type="checkbox"/> Delete
NAME	CABRERA, BARBARA	
STREET ADDRESS	5818 BENT CREEK TRAIL	
CITY-ST-ZIP	DALLAS TX 75252-2338	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABRERA, LOUIS	
STREET ADDRESS	5021 W. CUSTER DRIVE	
CITY-ST-ZIP	BEVERLY HILLS FL 34465-2158	
TITLE	PDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABRERA, BARBARA	
STREET ADDRESS	5021 W. CUSTER DRIVE	
CITY-ST-ZIP	BEVERLY HILLS FL 34465-2158	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Louis Cabrera***LOUIS CABRERA****4-15-2001****352-527-0237**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)