

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90099 013 ***150.00

DOCUMENT # F02000005317

1. Entity Name

MAGIC CRUISE LINE SERVICES CO.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
405-A Atlantis Road

Suite, Apt. #, etc.

3. Mailing Address
405-A Atlantis Road

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Cape Canaveral, FL

City & State
Cape Canaveral, FL

4. FEI Number
76-0717303

Applied For
Not Applicable

Zip

Country

32920

Zip

Country

32920

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Kelley, Allan R., Esq.

Street Address (P.O. Box Number is Not Acceptable)
100 S.E. 2nd Street, 18th Floor

City Miami

FL

Zip Code
33131

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
Agapiou, Agis
STREET ADDRESS
Fortuna Ct., 284 Makarios III Ave
CITY-ST-ZIP
3195 Limassol, Cyprus

TITLE
NAME
D
Droussiotou, Christina
STREET ADDRESS
Fortuna Ct., 284 Makarios III Ave
CITY-ST-ZIP
3195 Limassol, Cyprus

TITLE
NAME
P
Hentz, Jeffrey
STREET ADDRESS
405-A Atlantis Road
CITY-ST-ZIP
Cape Canaveral, FL 32920

TITLE
NAME
S
Mengelgrein, Asaf
STREET ADDRESS
405-A Atlantis Road
CITY-ST-ZIP
Cape Canaveral, FL 32920

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeffrey Hentz, President

321-784-1086

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)