

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State
03-22-2000 90079 050 ***150.00

DOCUMENT # F93000001163

1. Entity Name

RENAISSANCE CRUISES (LIBERIA), INC.

Principal Place of Business

% BLASS & FRANKEL, P.A.
1 SE 3RD AVENUE, SUITE 2130
MIAMI FL 33131
US

Mailing Address

% BLASS & FRANKEL, P.A.
1 SE 3RD AVENUE, SUITE 2130
MIAMI FL 33131-1716
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 2130

Suite, Apt. #, etc.

Suite 2130

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0387340

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

**COPROLITE CORPORATION
ONE SOUTHEAST THIRD AVENUE
SUITE 2130
MIAMI FL 33131**

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. 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, 2000 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 **CD** ☐ Delete
NAME **RUDNER, EDWARD B**
STREET ADDRESS **1800 ELLER DRIVE, SUITE 300**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **XXX** Change ☐ Addition
NAME **350 East Las Olas Blvd., Ste. 800**
STREET ADDRESS **Fort Lauderdale, FL 33301**
CITY-ST-ZIP

TITLE **VSD** ☐ Delete
NAME **DEL RIO, FRANK**
STREET ADDRESS **1800 ELLER DRIVE, SUITE 300**
CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE **XXX** Change ☐ Addition
NAME **350 East Las Olas Blvd. Ste. 800**
STREET ADDRESS **Fort Lauderdale, FL 33301**
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **KIRBY, RICHARD L**
STREET ADDRESS **1800 ELLER DRIVE, SUITE 300**
CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE **XXX** Change ☐ Addition
NAME **350 East Las Olas Blvd. Ste. 800**
STREET ADDRESS **Fort Lauderdale, FL 33301**
CITY-ST-ZIP

TITLE **AS** ☐ Delete
NAME **BLASS, STEPHEN A**
STREET ADDRESS **ONE S.E. THIRD AVENUE, SUITE 2130**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VTD** ☐ Delete
NAME **PICKUP, ROBERT E JR**
STREET ADDRESS **1800 ELLER DRIVE, SUITE 300**
CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

TITLE **XXX** Change ☐ Addition
NAME **350 East Las Olas Blvd. Ste. 800**
STREET ADDRESS **Fort Lauderdale, FL 33301**
CITY-ST-ZIP

TITLE **AS** ☐ Delete
NAME **SANTANGELO, CARL**
STREET ADDRESS **3000 N FEDERAL HIGHWAY, SUITE 200**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen A Blass 3/16/00
Assistant Secretary

305-377-9353

Daytime Phone #

CR2E034 (9/99)