

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90468 034 \*\*\*\*70.00

**DOCUMENT # F95000000132**

1. Entity Name **NATIONAL ASSOCIATION OF CRUISE ORIENTED AGENCIES, INC.**

**DO NOT WRITE IN THIS SPACE**

**B0068682**

2. Principal Place of Business **7600 Red Road** 3. Mailing Address **7600 Red Road**

Suite, Apt. #, etc. **Suite 126** Suite, Apt. #, etc. **Suite 126**

City & State **Miami, FL** City & State **Miami, FL**

Zip **33143** Country **USA** Zip **33143** Country **USA**

4. FEI Number **742377354**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name **Rosa E. Scavo, Esq.**

Street Address (P.O. Box Number is Not Acceptable) **2050 Coral Way, Suite 404**

City **Miami** **FL** Zip Code **33145**

**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.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
**ESPOSITO, DONNA K.**  
**7600 RED ROAD, SUITE 126**  
**MIAMI, FL 33143**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VPTD  
**CHASE, DAVID**  
**7600 RED ROAD, SUITE 126**  
**MIAMI, FL 33143**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SD  
**SANDRA PERDUE**  
**7600 RED ROAD, SUITE 126**  
**MIAMI, FL 33143**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
**GEORGE MADSEN**  
**7600 RED ROAD, SUITE 126**  
**MIAMI, FL 33143**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
**TERRY DINARDO**  
**7600 RED ROAD, SUITE 126**  
**MIAMI, FL 33143**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

**DONNA K. ESPOSITO**

SIGNATURE:

*Donna K. Esposito, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/9/02**  
Date

**305-663-5626**  
Daytime Phone #

CR2E037B (12/01)