

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

06-09-2003 90124 041 \*\*\*558.75

**DOCUMENT # F95000003312**

1. Entity Name  
**NEW COMMODORE CRUISE LINES LIMITED, INC.**



Principal Place of Business  
**4000 HOLLYWOOD BLVD**  
**#765-S**  
**HOLLYWOOD FL 33021**

Mailing Address  
**4000 HOLLYWOOD BLVD**  
**#765-S**  
**HOLLYWOOD FL 33021**



2. Principal Place of Business  
**6175 NW 153RD ST**  
Suite, Apt. #, etc.  
**SUITE 329**

3. Mailing Address  
**6175 NW 153RD ST**  
Suite, Apt. #, etc.  
**SUITE 329**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI LAKES, FL**  
Zip  
**33014**  
Country  
**USA**

City & State  
**MIAMI LAKES, FL**  
Zip  
**33014**  
Country  
**USA**

4. FEI Number **65-0586204**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

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

**PRITZKER, ALAN**  
**4000 HOLLYWOOD BLVD**  
**#765-S**  
**HOLLYWOOD FL 33021**

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

Name **ALAN PRITZKER 90-NORTH POINT**  
Street Address (P.O. Box Number is Not Acceptable)  
**6175 NW 153RD ST**  
**SUITE 325**  
City **MIAMI LAKES, FL** Zip Code **33014**

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: **ALAN PRITZKER** **JUNE 3, 2003**  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>MAYER, FRED A</b> <b>4000 HOLLYWOOD BLVD #765-S</b> <b>HOLLYWOOD FL 33021</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V, D</b> <b>PRITZKER, ALAN</b> <b>1371 NE 172 STREET</b> <b>NORTH MIAMI BEACH FL 33162</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V, D</b> <b>JOSE MARTIN</b> <b>1260 REDBIRD AVENUE</b> <b>MIAMI SPRINGS, FL 33166</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V, D</b> <b>JOSE MARTIN</b> <b>1260 REDBIRD AVENUE</b> <b>MIAMI SPRINGS, FL 33166</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**ALAN PRITZKER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JUNE 3, 2003** **305.362.3525**  
Date Daytime Phone #

0159809 AV

CR2E034 (10/02)