

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005308

1. Entity Name  
**PRIMEXPRESS CRUISE COMPANY**

**FILED**  
**Sep 05, 2000 8:00 am**  
**Secretary of State**

09-05-2000 90044 017 \*\*\*550.00

Principal Place of Business  
**2455 E SUNRISE BLVD  
STE 618  
FT LAUDERDALE FL 33304  
US**

Mailing Address  
**2455 E SUNRISE BLVD  
STE 618  
FT LAUDERDALE FL 33304  
US**

**AU013400**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **11-3277848**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**DEUSCHLE, BRIAN C  
800 SE 3RD AVENUE  
SUITE 500  
FORT LAUDERDALE FL 11501**

7. Name and Address of New Registered Agent  
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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KULBACHENKO, OLENA</b>	
STREET ADDRESS	<b>2455 E SUNRISE BLVD, STE 618</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P/D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KULBACHENKO, OLENA</b>	
STREET ADDRESS	<b>2455 E.SUNRISE BLVD STE 618</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33304</b>	
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.

August 31-2000 954 563 0885

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (5/00)