

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90021 023 ***150.00

A0040627



DO NOT WRITE IN THIS SPACE

DOCUMENT # F99000002210

1. Entity Name

I-CRUISE.COM CORP.

Principal Place of Business

Mailing Address

WEST 36TH STREET, 11TH FLOOR
 NEW YORK NY 10018

28 WEST 36TH STREET, 11TH FLOOR
 NEW YORK NY 10018-8002

2. Principal Place of Business

127 West 25th Street

3. Mailing Address

127 West 25th Street

Suite, Apt. #, etc.

12th Floor

Suite, Apt. #, etc.

12th Floor

City & State

New York, NY

City & State

New York, NY

Zip

10001

Country

USA

Zip

10001

Country

USA

4. FEI Number

65-0949976-3422189

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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 \$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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALIKSANYAN, ALEX	
STREET ADDRESS	28 WEST 36TH STREET, 11TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10018	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PAGE, DAVID	
STREET ADDRESS	28 WEST 36TH STREET, 11TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10018	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALIKSANYAN, LISA	
STREET ADDRESS	28 WEST 36TH STREET, 11TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10018	
TITLE	TD	<input type="checkbox"/> Delete
NAME	OCEPEK, MARK	
STREET ADDRESS	777 S. FLAGLER DRIVE SUITE 800 W.	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEON, JUAN	
STREET ADDRESS	28 WEST 36TH STREET, 11TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10018	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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.

SIGNATURE: Mark Natu OCEPEK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00

Date

561-820-9447

Daytime Phone #

014 (9/99)