

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002210

1. Entity Name

ICRUISE.COM CORP.

Principal Place of Business

127 W. 25TH ST.
12TH FLOOR
NEW YORK NY 10001

Mailing Address

127 W. 25TH ST.
12TH FLOOR
NEW YORK NY 10001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2001, 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 PD
NAME ALIKSANYAN, ALEX
STREET ADDRESS 28 WEST 36TH STREET, 11TH FLOOR
CITY-ST-ZIP NEW YORK NY 10018

TITLE VP
NAME PAGE, DAVID
STREET ADDRESS 28 WEST 36TH STREET, 11TH FLOOR
CITY-ST-ZIP NEW YORK NY 10018

TITLE S
NAME ALIKSANYAN, LISA
STREET ADDRESS 28 WEST 36TH STREET, 11TH FLOOR
CITY-ST-ZIP NEW YORK NY 10018

TITLE TD
NAME OCEPEK, MARK
STREET ADDRESS 777 S. FLAGLER DRIVE SUITE 800 W.
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE D
NAME LEON, JUAN
STREET ADDRESS 28 WEST 36TH STREET, 11TH FLOOR
CITY-ST-ZIP NEW YORK NY 10018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 T. Oceppek
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91135 019 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3422189

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

CR2E034 (10/00)