

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J38235

1. Entity Name

CRUISES R US, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90122 049 ***150.00

Principal Place of Business

1017 S. UNIVERSITY DR.
PLANTATION FL 33324
US

Mailing Address

1017 S. UNIVERSITY DR.
PLANTATION FL 33324-3321
US

2. Principal Place of Business

1757 N. UNIVERSITY DR

Suite, Apt. #, etc.

3. Mailing Address

1757 N. UNIVERSITY DR

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PLANTATION FL

City & State

PLANTATION FL

4. FEI Number

65-0017882

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROTH, LYDIA
11831 NW 9TH ST
PLANTATION FL 33325

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 ☐ Delete
NAME ROTH, LYDIA
STREET ADDRESS 11831 NW 9TH ST
CITY-ST-ZIP PLANTATION FL

TITLE D ☐ Delete
NAME ROTH, JERRY
STREET ADDRESS 11831 NW 9TH ST
CITY-ST-ZIP PLANTATION FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ 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:

Lydia Roth, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19/00

Daytime Phone #

CR20034 (9/99)