

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90139 005 \*\*\*550.00

0018283 AV

**DOCUMENT # J56278**



1. Entity Name  
**CRUISE CAREERS INTERNATIONAL, INC.**

Principal Place of Business  
**173 MINUTEMEN CAUSEWAY  
COCOA BEACH FL 32931**

Mailing Address  
**173 MINUTEMEN CAUSEWAY  
COCOA BEACH FL 32931**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2774620**

Applied For  
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LASCHA, GLORIA P  
3833 S BANANA RIVER BLVD #403  
COCOA BEACH FL 32931**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LASCHA, GLORIA P</b>	
STREET ADDRESS	<b>3833 S BANANA RIVER BLVD</b>	
CITY-ST-ZIP	<b>COCOA BCH. FL 32931</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>LASCHA, JOHN T JR</b>	
STREET ADDRESS	<b>3833 S BANANA RIVER BLVD #403</b>	
CITY-ST-ZIP	<b>COCOA BEACH FL 32931</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>LASCHA, JOHN T III</b>	
STREET ADDRESS	<b>215 TIMPOOCHEE DR</b>	
CITY-ST-ZIP	<b>INDIAN HARBOUR BEACH FL 32937</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>ZARRAONANDIA, PATRICIA J</b>	
STREET ADDRESS	<b>320 3RD ST</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32953</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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Gloria P. Lascha* PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**GLORIA P LASCHA**

Date **7/17/03** Daytime Phone # **321 783 9019**

CR2E034 (4/03)