

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90034 035 ****50.00

DOCUMENT # **L 0100000 4867**

1. Entity Name

Hamlet Cruises, LLC



DO NOT WRITE IN THIS SPACE

945815

2. Principal Place of Business

520 Brickell Key Drive

3. Mailing Address

520 Brickell Key Drive

Suite, Apt. #, etc.

Suite 1606

Suite, Apt. #, etc.

Suite 1606

City & State

Miami Florida

City & State

Miami, Florida

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

33131

Country

Miami-Dade

Zip

33131

Country

Miami-Dade

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Glenn G. Kolk*

Street Address (P.O. Box Number is Not Acceptable)

520 Brickell Key Drive

Suite 1606

City *Miami*

FL

Zip Code

33131

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 *Glenn G. Kolk*

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

Glenn G. Kolk

April 17, 2002

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE *Hamlet Cruises, Inc.*
NAME
STREET ADDRESS *520 Brickell Key Drive, Suite 1606*
CITY-ST-ZIP *Miami, Florida 33131*

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IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Hamlet Cruises, Inc. Manager

305 374-5200

SIGNATURE: *By: Glenn G. Kolk*

Glenn G. Kolk, president April 17, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #