

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State
 01-27-2000 90172 008 ***150.00

DOCUMENT # L76910

1. Entity Name

CRUISE BROKERS, INC.

Principal Place of Business

Mailing Address

2134 FISHERS ISLAND DR
 FISHER ISLAND FL 33109
 US

2134 FISHER IS DR
 FISHER IS FL 33131-2677
 US

80009143



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

701 BRICKELL KEY BLVD

701 BRICKELL KEY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 803

SUITE 803

City & State
 M. AMI FL

City & State
 M. AMI FL

Zip
 33131

Country
 USA

Zip
 33131

Country
 USA

4. FEI Number

65-0204415

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRIPPE, KENNETH A.B.
 2134 FISHER IS DR
 #16
 FISHER IS FL 33109

Name

SAME

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

701 BRICKELL KEY BLVD

SUITE 803

City

M. AMI

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 Kenneth A.B. Trippe
 Signature, typed or printed name of registered agent and title, if applicable.

KENNETH A.B. TRIPPE
 (NOTE: Registered Agent signature required when reinstating)

18 January 2000
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	TRIPPE, KENNETH A.B.	
STREET ADDRESS	2134 FISHER IS DR	
CITY-ST-ZIP	FISHER IS FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	SUITE 803, 701 BRICKELL KEY BLVD	
CITY-ST-ZIP	M. AMI FL 33131	
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: KENNETH A.B. TRIPPE Kenneth A.B. Trippe 18 January 2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

35577 9925