

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90021 047 ***158.75

0086653

DOCUMENT # L76910

1. Entity Name

CRUISE BROKERS, INC.

Principal Place of Business

Mailing Address

~~701 BRICKELL KEY BLVD~~
~~STE 803~~
~~MIAMI FL 33131~~
~~US~~

~~701 BRICKELL KEY BLVD~~
~~STE 803~~
~~MIAMI FL 33131~~
~~US~~

2. Principal Place of Business

100 BEACH SIDE DRIVE

3. Mailing Address

60 BEACHSIDE DRIVE

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

102

City & State

VERO BEACH FL

City & State

VERO BEACH FL

Zip

32963

Country

USA

Zip

32963

Country

USA

6. Name and Address of Current Registered Agent

TRIPPE, KENNETH A.B.
701 BRICKELL KEY BLVD
STE 803
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
SAME

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

60 BEACHSIDE DRIVE

SUITE 102

City

VERO BEACH

FL

Zip Code

32963

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 file if applicable.

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

26 April 2001
 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

TITLE **D** ☐ Delete
 NAME **TRIPPE, KENNETH A.B.**
 STREET ADDRESS **STE 803 701 BRICKELL KEY BLVD**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SAME** ☒ Change ☐ Addition
 NAME **SAME**
 STREET ADDRESS **60 BEACHSIDE DR, SUITE 102**
 CITY-ST-ZIP **VERO BEACH FL 32963**

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

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

TITLE ☐ Change ☐ Addition
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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: *Kenneth A.B. Trippe*
 SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)