

2001 UNIFORM BUSINESS REPORT (UBR)

0012577 AF

DOCUMENT # L98000003006

1. Entity Name

IMPERIAL MAJESTY CRUISE LINE L.L.C.

FILED

01 FEB 26 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

5100 N. STATE ROAD 7, SUITE 137
FORT LAUDERDALE FL 33319

Mailing Address

5100 N. STATE ROAD 7, SUITE 137
FORT LAUDERDALE FL 33319

2. Principal Place of Business

2900 Gateway Drive

3. Mailing Address

2900 Gateway Drive

Suite, Apt. #, etc.

Ste 200

Suite, Apt. #, etc.

Ste 200

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

Zip

33069

Country

Zip

33069

Country

4. FEI Number

65-0879092

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLODIG, GREGORY J ESQ.
GRENSPOON, MARDER, HIRSCHFELD, RAFKIN
100 WEST CYPRESS CREEK ROAD, SUITE 700
FORT LAUDERDALE FL 33309

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

800003782788--0
-02/27/01--01083--020

ADDITIONAL CHARGES *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete
NAME POLLACK, ARTHUR M
STREET ADDRESS 5100 N. STATE ROAD 7, SUITE 137
CITY-ST-ZIP FORT LAUDERDALE FL 33319

TITLE MGR ☐ Delete
NAME SCHMIDT, WILLIAM
STREET ADDRESS 5100 N. STATE ROAD 7, SUITE 137
CITY-ST-ZIP FORT LAUDERDALE FL 33319

TITLE MGR ☐ Delete
NAME PENNINGTON, JOHN
STREET ADDRESS 5100 N. STATE ROAD 7, SUITE 137
CITY-ST-ZIP FORT LAUDERDALE FL 33319

TITLE MGR ☐ Delete
NAME SHEEHAN, KEVIN
STREET ADDRESS 5100 N. STATE ROAD 7, SUITE 137
CITY-ST-ZIP FT. LAUDERDALE FL 33319

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10.

TITLE MANAGER ☒ Change ☐ Addition
NAME POLLACK, ARTHUR M
STREET ADDRESS 2900 GATEWAY DR., STE 200
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE MANAGER ☒ Change ☐ Addition
NAME SCHMIDT, WILLIAM
STREET ADDRESS 2900 GATEWAY DRIVE, STE 200
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE MANAGER ☒ Change ☐ Addition
NAME PENNINGTON, JOHN
STREET ADDRESS 2900 GATEWAY DRIVE, STE 200
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE MANAGER ☒ Change ☐ Addition
NAME SHEEHAN, KEVIN
STREET ADDRESS 2900 GATEWAY DR., STE 200
CITY-ST-ZIP POMPANO BEACH FL 33069

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

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

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.

SIGNATURE:

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

Date

Daytime Phone #

2/22/01 954-956-9505

CR2E083 (11/00)