

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-01-2002 91543 045 ***150.00

DOCUMENT # M93162
 1. Entity Name
CRUISIN OF FLORIDA, INC.

Principal Place of Business
525 N. ATLANTIC AVE.
DAYTONA BEACH FL 32118
US

Mailing Address
400 PARQUE DR
STE 5
ORMOND BEACH FL 32174
US

32073



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
400 Parque Dr
 Suite, Apt. #, etc.
Ste 5
 City & State
Ormond Beach FL

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
Ormond Beach FL

Zip
32174 Country
US

4. FEI Number **59-2906749** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CLAUER, JENNIFER
400 PARQUE DR
STE 5
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent
 Name
Simon Myara
 Street Address (P.O. Box Number is Not Acceptable)
400 Parque Dr.
Ste # 5
 City
Ormond Beach FL FL Zip Code
32174

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 **Simon Myara** **Simon myara** **5/14/02**
Signature, typed or printed name of registered agent, if not in appropriate. (NOTE: Registered Agent signature required when reappointing) 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PVD MYARA, ALAIN 537 N ATLANTIC AVE DAYTONA BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD Myara, Alain 400 Parque Dr. #5 Ormond Beach FL 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an officer like empowered.

SIGNATURE: **Simon Myara** **Simon Myara** **5-18-02** **386-673-8488**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)