

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90734 039 \*\*\*158.75

**DOCUMENT # P00000050732**

1. Entity Name  
**K L CRUISES CORPORATION**



Principal Place of Business  
**8000 NW 31 STREET  
SUITE 14  
MIAMI FL 33122**

Mailing Address  
**8000 NW 31 STREET  
SUITE 14  
MIAMI FL 33122**

2. Principal Place of Business  
**6767 COLLINS AVE  
Suite, Apt. #, etc.  
1904**

3. Mailing Address  
**6767 COLLINS AVE  
Suite, Apt. #, etc.  
1904**

City & State  
**MIAMI BEACH FL**

City & State  
**MIAMI BEACH FL**

Zip Country  
**33141 US**

Zip Country  
**33141 US**

4. FEI Number  
**65-2010964**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**HAIMENIS, KARLA S  
9782 N.W. 31ST STREET  
MIAMI FL 33172**

## 7. Name and Address of New Registered Agent

Name  
**LEON SULAM NETO**  
Street Address (P.O. Box Number is Not Acceptable)  
**6767 COLLINS AVE #1904**  
City  
**MIAMI BEACH FL** Zip Code  
**33141**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04.01.03

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HAIMENIS, KARLA S  
9782 N.W. 31ST STREET  
MIAMI FL 33172** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SULAM-NETO, LEON  
6767 COLLINS AVE #1904  
MIAMI BEACH FL 33141** ☐ Change ☒ Addition

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

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

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

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CITY-ST-ZIP  
☐ Change ☐ Addition

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.01.03

Date

305 867 7077

Daytime Phone #

CR2E034 (10/02)