

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90294 015 ***150.00

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1. Entity Name

CRUISE TECHNOLOGIES, INC.



Principal Place of Business

**1015 N. AMERICAN WAY, SUITE 107
MIAMI FL 33132**

Mailing Address

**1015 N. AMERICAN WAY, SUITE 107
MIAMI FL 33132**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1042398

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

KATSOUFIS, LAMBROS

**1015 N. AMERICAN WAY, SUITE 107
MIAMI FL 33132**

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

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P						
	TIPPS, BENJAMIN						
	1015 N. AMERICAN WAY, SUITE 107						
	MIAMI FL 33132						
	T						
	DAVIS, MARK						
	1015 N. AMERICAN WAY, SUITE 107						
	MIAMI FL 33132						
	S						
	KATSOUFIS, LAMBROS						
	1015 N. AMERICAN WAY, SUITE 107						
	MIAMI FL 33132						
	D						
	KATSOUFIS, PARIS						
	1015 N. AMERICAN WAY, SUITE 107						
	MIAMI FL 33132						

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:

KATSOUFIS, LAMBROS

SECRETARY

1/8/03 305-376-8605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)