

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90133 004 ***150.00

DOCUMENT # P00000107616

1. Entity Name
CECRUISES, INC.

Principal Place of Business

**5801 NW 62ND AVENUE
 #306
 TAMARAC FL 33319**

Mailing Address

**7667 W SAMPLE ROAD
 #288
 CORAL SPRINGS FL 33065**

2. Principal Place of Business

5832 N.W. 56TH DRIVE

3. Mailing Address

Suite, Apt. #, etc.

CORAL SPRINGS FL

City & State

City & State

Zip
33067

Country
USA

Zip

Country

4. FEI Number
22-3765571 22-3765571

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BARBELL, PHILIP R
 5801 NW 62ND AVENUE
 UNIT306
 TAMARAC FL 33319**

7. Name and Address of New Registered Agent

Name
BARBELL, PHILIP R.

Street Address (P.O. Box Number is Not Acceptable)
5832 N.W. 56TH DRIVE

City **CORAL SPRINGS** FL Zip Code **33067**

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 **Philip R. Barbell** **PHILIP R. BARBELL**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/25/02
 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

TITLE **D** ☐ Delete
 NAME **BARBELL, PHILIP R**
 STREET ADDRESS **5801 NW 62ND AVENUE, #306**
 CITY-ST-ZIP **TAMARAC FL 33319**

TITLE **D** ☐ Delete
 NAME **BARBELL, SONYA M**
 STREET ADDRESS **5801 NW 62ND AVENUE, #306**
 CITY-ST-ZIP **TAMARAC FL 33319**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT - DIRECTOR** ☒ Change ☐ Addition
 NAME **PHILIP R. BARBELL**
 STREET ADDRESS **5832 N.W. 56TH DRIVE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **SONYA M. BARBELL - SET. - DIRECTOR** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5832 N.W. 56TH DRIVE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
 NAME
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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:

Philip R. Barbell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/02
 Date

1-866-779-1234
 Daytime Phone #

CR2E034 (9/01)