

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90368 047 \*\*\*150.00

0194703 - AV

**DOCUMENT # P01000073312**

1. Entity Name

ALL STAR CRUISE PLANNERS, INC.



Principal Place of Business

6289 NW 78TH DR  
PARKLAND FL 33067

Mailing Address

6289 NW 78TH DR  
PARKLAND FL 33067

2. Principal Place of Business

10458 BUENS VENTURA DE

3. Mailing Address

10458 BUENS VENTURA DE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number

65-1123619

Applied For

Not Applicable

Zip

33498

Country

USA

Zip

33498

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GOLDMAN, ALISSA  
6289 NW 78TH DR  
PARKLAND FL 33067

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. 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 PD  
NAME GOLDMAN, ALISSA  
STREET ADDRESS 6289 NW 78TH DR  
CITY-ST-ZIP PARKLAND FL 33067

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VSD  
NAME GOLDMAN, SCOTT  
STREET ADDRESS 6289 NW 78TH DR  
CITY-ST-ZIP PARKLAND FL 33067

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)