2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000104896

Name:

Address: City-St-Zip: SOFGE, FLORA M

17094 SHETLAND LN

LOXAHATCHEE, FL 33470

Entity Name: BISCAYNE LADY CRUISES, INC

FILED Sep 12, 2002 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
555 NE 15 MIAMI, FL	TH STREET 33132	STE 102					
Current Mailing Address:				New Mailing Address:			
555 NE 15 MIAMI, FL	TH STREE1 33132	STE 102					
FEI Number	: 65-1153467	FEI Number Applied F	or() FEIN	umber Not Appl	icable ()	Certificate of Status Desired ()	
Name and	f Current Registered A	gent:	Name and Address of New Registered Agent:				
	e of Florida.	ty submits this statemen	t for the purpose	of changing i	ts regist	ered office or registered agent, or both,	
Electronic Signature of Registered Agent				Date			
Election Car		e to satisfy its Intangible Ta sing Trust Fund Contribution			. ,	NGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D SOFGE, CH. 114 W SAN	() Delete		Title: Name: Address: City-St-Zip:	ю/СПАI	() Change () Addition	
Title: Name: Address: City-St-Zip:	D SOFGE, HAI 2705 HILOA COCONUT (Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	D	() Delete		Title:	D	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SOFGE, FLORA M

14708 STIRRUP LANE

WELLINGTON, FL 33414

SIGNATURE: CHARLES SOFGE D 09/12/2002