

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 DEC 26 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000029927

1. Entity Name

M/S Cruises, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
129 NE 46 Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Miami, FL

City & State

Zip  
33137

Country  
Dade

Zip

Country

**REINSTATEMENT** 03  
DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Brenda Mazyck

Street Address (P.O. Box Number is Not Acceptable)

129 NE 46 Street

City Miami

FL

Zip Code  
33137

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 *Brenda Mazyck*

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

(NOTE: Registered Agent signature required when reinstating)

12/22/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 Brenda Mazyck 129 NE 46 Street; Miami, FL 33137	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700025779827 12/26/03--01086--024 ***158.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Chauncey Sullivan 129 NE 46 Street; Miami, FL 33137	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Brenda Mazyck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/22/03

Date

Daytime Phone #

CR2E034B (12/02)

December 22, 2003

Uniform Business Report  
Divisions of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302

Dear Sir or Madam:

Thank you for taking the time to assist me with my renewal process and advising me of the necessary steps to complete the process.

To date, I have not received the Uniform Business Report/Annual Report form from the State of Florida. As per your instructions, I have had the report downloaded and completed with the payment amount of \$158.75.

Your assistance is much appreciated.

Sincerely,

A handwritten signature in cursive script that reads "Brenda Mazyck".

Brenda Mazyck  
Director