

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90146 037 ***158.75

0007049 AT

DOCUMENT # P02000124976

1. Entity Name

SIGNATURE CRUISES, INC



Principal Place of Business

3900 NORTH OCEAN BLVD
SUITE 7C
LAUDERDALE BY THE SEA FL 33308

Mailing Address

3900 NORTH OCEAN BLVD
SUITE 7C
LAUDERDALE BY THE SEA FL 33308

2. Principal Place of Business

3. Mailing Address

SIGNATURE CRUISES, INC

3900 N. Ocean Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2900 W. Sample Rd.

7 C.

City & State

City & State

Pompano Bch. FL

FL. Lauderdale FL.

Zip

Country

Zip

Country

33073

U.S.A.

33308

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

91-0914990

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

ESCOBAR, NOEL E SR
4420 SW 77TH AVENUE
DAVIE FL 33328

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 P
NAME ECONOMOU, PETE J
STREET ADDRESS 19601 NORTH COUNTRY CLUB DRIVE SUITE # 606
CITY-ST-ZIP AVENTURA FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP, T
NAME MILLER, JOHN L
STREET ADDRESS 3900 NORTH OCEAN BLVD SUITE # 7C
CITY-ST-ZIP LAUDERDALE BY THE SEA FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME BARZAN, DEBRA
STREET ADDRESS 3900 NORTH OCEAN BLVD SUITE # 7C
CITY-ST-ZIP LAUDERDALE BY THE SEA FL 33308

TITLE
NAME
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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1 May 2003

954
776-1042

Daytime Phone #

CR2E034 (10/02)

Attachment

80117863
#F02000124976

SIGNATURE CRUISES, Inc
3900 N. Ocean Dr. #7C
Ft. Lauderdale, FL 33308

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To whom it may concern:

I recently arrived home from my Brothers who has cancer and I have been helping to find this report on my desk covered by mail, I had NO idea that this was due. Please accept my sincere apologies for not mailing sooner, I was truly unaware of this. I am enclosing a check for \$150.00 plus \$8.75 for a certificate of status, totaling \$158.75. Again I hope we can waive the late fee due to a family emergency. I did contact your office as soon as I opened this form.
5/5/03 - 2:28PM.

Thank you ever so much.

Sincerely,

Deborah M. Barzen



Signature Cruises, Inc.

Secretary