2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Aug 18, 2003 8:00 am Secretary of State **DOCUMENT #** P02000129019 07-16-2003 90044 012 ***150.00 1. Entity Name 08-18-2003 90161 006 ***400.00 CREATIVE CRUISE PROJECTS INTERNATIONAL, INC. Principal Place of Business Malling Address 921 SOUTH PARK ROAD 921 SOUTH PARK ROAD SUITE 310 SUITE 310 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 5842 B79 Applied For Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DEUTSCHL, ARNOLD Street Address (P.O. Box Number is Not Acceptable) 921 SOUTH PARK ROAD SUITE 310 HOLLYWOOD FL 33021 City 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 egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE-NOW!LE FEE-18-\$150.00-9. Election Campaign Financing \$5.00 May Be . After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Chance Addition CR2E034 (10/02) NAME DEUTSCHL! ARNOLD NAME STREET ADDRESS STREET ADDRESS 921 SOUTH PARK ROAD #310 CITY-ST-7/P CITY-ST-7IP HOLLYWOOD FL 33021 ☐ Deleta TITLE ☐ Addition TITLE ☐ Chance NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete Addition NAME NUL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70 TITLE Delete TITLE ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this Using 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 peopt 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 true ee empowered to execute this poort 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.

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

July 18, 2003

CREATIVE CRUISE PROJECTS INTERNATIONAL, INC. 921 SOUTH PARK ROAD HOLLYWOOD, FL 33021

Subject: CREATIVE CRUISE PROJECTS INTERNATIONAL, INC.

Reference Number:

P02000129019

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a -copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8:75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

ANNUAL REPORTS SECTION

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