

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90119 030 ***550.00

DOCUMENT # P33090

1. Entity Name
CRYSTAL CRUISES, INC.

Principal Place of Business
2049 CENTURY PARK E
SUITE 1400
LOS ANGELES CA 90067
US

Mailing Address
2049 CENTURY PARK E
SUITE 1400
LOS ANGELES CA 90067
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **95-4156825**

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

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☒ Delete
NAME **SAKUMA, NAOMASA**
STREET ADDRESS **2049 CENTURY PARK E STE 1400**
CITY-ST-ZIP **LOS ANGELES CA 90067**

TITLE **V** ☐ Change ☒ Addition
NAME **DALE T. GORDON**
STREET ADDRESS **159 STAGECOACH ROAD**
CITY-ST-ZIP **BELL CANYON, CA 91307**

TITLE **PD** ☒ Delete
NAME **WATTERS, JOSPEH A**
STREET ADDRESS **2173 MANDEVILLE CANYON RD**
CITY-ST-ZIP **LOS ANGELES CA**

TITLE **V** ☐ Change ☒ Addition
NAME **JOSEPH L. VALENTI**
STREET ADDRESS **10380 WILSHIRE BLVD., #1801**
CITY-ST-ZIP **LOS ANGELES, CA 90024**

TITLE **VD** ☐ Delete
NAME **TAKAHASHI, MITSUHIKO**
STREET ADDRESS **252 S. JUNE STREET**
CITY-ST-ZIP **LOS ANGELES CA**

TITLE **CD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **SAITO, YASUSHI**
STREET ADDRESS **4612 GLENCOE AVE STE 4**
CITY-ST-ZIP **MARINA DEL RAY CA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SVP** ☐ Delete
NAME **GREGG, MICHEL T**
STREET ADDRESS **2049 CENTURY PARK E STE 1400**
CITY-ST-ZIP **LOS ANGELES CA 90067**

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **WERTANZL, DIETMAR**
STREET ADDRESS **2049 CENTURY PARK E STE 1400**
CITY-ST-ZIP **LOS ANGELES CA 90067**

TITLE **V** ☐ Change ☒ Addition
NAME **DAVID R. MORRIS**
STREET ADDRESS **2049 CENTURY PARK EAST STE 1400**
CITY-ST-ZIP **LOS ANGELES, CA 90067**

CR2E034 (4/02)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

MITSUHIKO TAKAHASHI

9/4/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #