## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P94000049705 STARLIGHT CRUISES INTERNATIONAL, INC. Mailing Address Principal Place of Business 2885 NW 206TH ST. 2885 NW 206TH ST. MIAMI FL 33056 MIAMI FL 33056 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

MILLER, EUNICE

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

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CITY-ST-ZIP

2885 NW 206TH ST. MIAMI FL 33056

9. This corporation is eligible to satisfy its Intangible

MILLER, EUNICE

MIAMI FL 33056

MILLER, ANICE

**MIAMI FL 33056** 

MILLER, ILKANICE

MIAMI FL 33056

MIAMI FL

MILLER, LAWRENICE

2885 NW 206TH ST.

C/O 2885 NW-206TH ST.

C/O 2885 NW 206TH ST.

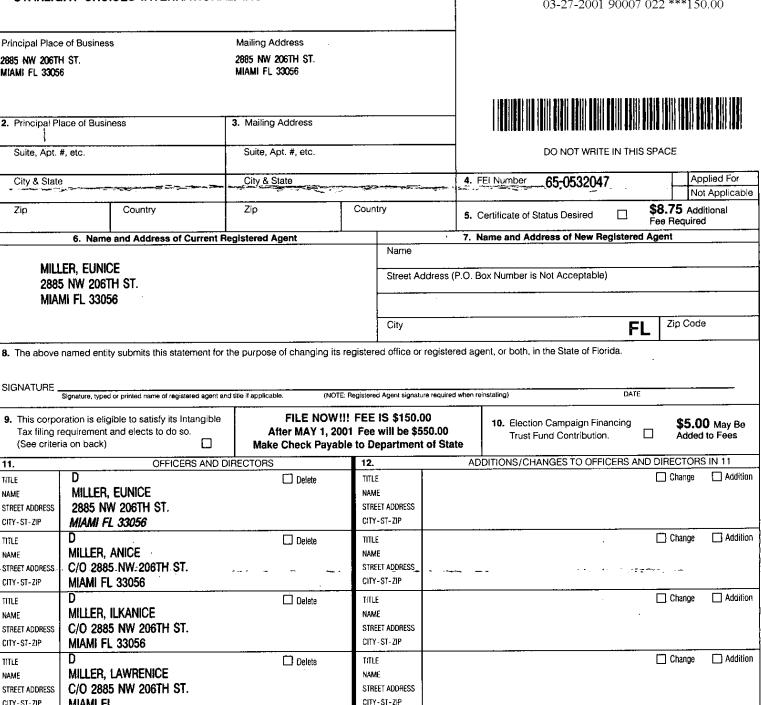
C/O 2885 NW 206TH ST.

Tax filing requirement and elects to do so.

(See criteria on back)

## **FILED** Mar 27, 2001 8:00 am Secretary of State

03-27-2001 90007 022 \*\*\*150.00



13. I hereby certify that the information supplied with this filling 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.

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

Delete

☐ Delete

☐ Delete

Delete

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12.

TITI F

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

☐ Change

☐ Addition

☐ Addition