

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90996 021 ***150.00

DOCUMENT # P94000089703

1. Entity Name

CRUISIN & CO., INC.

Principal Place of Business

**537 N ATLANTIC AVE
 DAYTONA BEACH FL 32118**

Mailing Address

**537 N ATLANTIC AVE
 DAYTONA BEACH FL 32118-3926**

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 **59-3280874**

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

**MYARA, ALAIN
 537 N ATLANTIC AVE
 DAYTONA BEACH FL 32118**

Name **Jennifer Clauer**

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

**400 Parque Dr #5
 Ormond Beach FL 32174**

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.

SIGNATURE *Jennifer Clauer*

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

(NOTE: Registered Agent signature required when filing)

DATE **4-16-01**

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

**FILE NOW WITH FEES \$150.00
 After MAY 1, 2001 fee will be \$350.00
 Make checks 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	P	<input type="checkbox"/> Delete
NAME	MYARA, ALAIN	
STREET ADDRESS	537 N ATLANTIC AVE	
CITY - ST - ZIP	DAYTONA BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 title empowered.

SIGNATURE: *Alain Myara*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

Date

Daytime Phone #

4-16-01

CR2E034 (9/99)