

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000001232

1. Entity Name
DELUXE CRUISES, INC.

FILED
Aug 01, 2002 8:00 am
Secretary of State

08-01-2002 90169 021 ***150.00

0079708 AV

Principal Place of Business
7040 W PALMETTO PARK RD #9
BOCA RATON FL 33433
US

Mailing Address
7040 W PALMETTO PARK RD #9
BOCA RATON FL 33433
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0550995		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ARON, SAM 10670 PEBBLE COVE LANE BOCA RATON FL 33498		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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDIN, GARY 10670 PEBBLE COVE LANE BOCA RATON FL 33498 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARON, SAM 10670 PEBBLE COVE LANE BOCA RATON FL 33498 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **X SIGNATURE REQUIRED**

X 7-30-02 X 511-394-80

CR2E034 (4/02)

Attachment

6076230

Doc. # 79500000232



TRAVEL GALLERY - DELUXE CRUISES



Complete Travel Service

CLIA



1000 HOLLAND ST. S.W. ATLANTA, GA 30334

ATTENTION: MR. J. C. BRYAN

312010-

10/1/2002

July 30, 2002

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

Gentlemen:

Attached please find our check # 7144 for \$150.00 for our annual filing of Deluxe Cruises' Inc.
U.B.R.

Please take note that we never received in the mail the initial filing report for \$150.00 but instead all we got was the penalty report with a filing fee of \$550.00. On a phone conversation today to the Division of Corporations, we were instructed to only pay the regular fee of \$150.00.

Very truly yours,

Sam M. Aron
President