

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90196 025 ***158.75

DOCUMENT # P95000024282

1. Entity Name
CRUISE MANAGEMENT INTERNATIONAL, INC.

Principal Place of Business

960 ALTON ROAD
MIAMI BEACH FL 33139
US

Mailing Address

960 ALTON ROAD
MIAMI BEACH FL 33139
US

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 **65-0574360**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LEVINE, PHILIP
960 ALTON ROAD
SECOND FLOOR
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

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.

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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **LEVINE, PHILIP**
STREET ADDRESS **960 ALTON ROAD**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **D** ☐ Delete
NAME **BRENNAN, EDWARD J**
STREET ADDRESS **525 MARKET ST, 32ND FLOOR**
CITY-ST-ZIP **SAN FRANCISCO CA 94105-2708**

TITLE **T** ☐ Delete
NAME **HARRISON, KEITH**
STREET ADDRESS **525 MARKET STREET, 32ND FLOOR**
CITY-ST-ZIP **SAN FRANCISCO CA 94105-2708**

TITLE **D** ☐ Delete
NAME **WANG, CADEN**
STREET ADDRESS **525 MARKET ST, 32nd**
CITY-ST-ZIP **SAN FRANCISCO CA 94105-2708**

TITLE **AS** ☐ Delete
NAME **SUZUKI, DAVID A**
STREET ADDRESS **525 MARKET STREET, 32ND FLOOR**
CITY-ST-ZIP **SAN FRANCISCO CA 94105-2708**

TITLE **O** ☐ Delete
NAME **CHAFETZ, JERRY**
STREET ADDRESS **960 ALTON RD**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP, Operations & Finance** ☐ Change ☒ Addition
NAME **Robert Eichner**
STREET ADDRESS **960 Alton Rd.**
CITY-ST-ZIP **Miami Bch, FL 33139**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Michael E. Zacharia**
STREET ADDRESS **525 Market Street, 32nd Floor**
CITY-ST-ZIP **San Francisco, CA 94105-2708**

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

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

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 **304-673-0400**
 Date Daytime Phone #

CR2E034 (9/01)