

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000024282

1. Entity Name
CRUISE MANAGEMENT INTERNATIONAL, INC.



FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90543 032 ***158.75

0238770 AV

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Robin Norris

4-25-03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	NAME	LEVINE, PHILIP	STREET ADDRESS	960 ALTON ROAD	CITY-ST-ZIP	MIAMI BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE	D	NAME	BRENNAN, EDWARD J	STREET ADDRESS	525 MARKET ST 32ND FLOOR	CITY-ST-ZIP	SAN FRANCISCO CA 94105-2708	<input type="checkbox"/> Delete
TITLE	T	NAME	HARRISON, KEITH	STREET ADDRESS	525 MARKET STREET, 32ND FLOOR	CITY-ST-ZIP	SAN FRANCISCO CA 94105-2708	<input checked="" type="checkbox"/> Delete
TITLE	D	NAME	WANG, CADEN	STREET ADDRESS	525 MARKET ST	CITY-ST-ZIP	SAN FRANCISCO CA 94105-2708	<input checked="" type="checkbox"/> Delete
TITLE	AS	NAME	SUZUKI, DAVID A	STREET ADDRESS	525 MARKET STREET, 32ND FLOOR	CITY-ST-ZIP	SAN FRANCISCO CA 94105-2708	<input type="checkbox"/> Delete
TITLE	O	NAME	CHAFETZ, JERRY	STREET ADDRESS	960 ALTON RD	CITY-ST-ZIP	MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Delete

TITLE	S	NAME	Zacharia, Michael E.	STREET ADDRESS	525 Market Street 32 floor	CITY-ST-ZIP	San Francisco, CA 94105-2708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VP ET	NAME	Luciano, William	STREET ADDRESS	525 Market Street 32 floor	CITY-ST-ZIP	San Francisco, CA 94105-2708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	P	NAME	Norris, Robin	STREET ADDRESS	960 Alton Rd	CITY-ST-ZIP	Miami Beach, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robin Norris* SIGNATURE REQUIRED

4-25-03 (309673-0400)

Date

Daytime Phone #

CR2E034 (10/02)